

DOCUMENT RESUME

ED 439 166

UD 033 372

TITLE The State of Hispanic Girls.
INSTITUTION National Coalition of Hispanic Health and Human Services Organizations.
SPONS AGENCY Carnegie Corp. of New York, NY.; Ford Foundation, New York, NY.; Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD.
ISBN ISBN-0-933084-03-X
PUB DATE 1999-00-00
NOTE 77p.
AVAILABLE FROM National Coalition of Hispanic Health and Humane Service Organizations, 1501 16th St., N.W., Washington, DC 20036 (\$18). Tel: 202-387-5000. Web site: <http://www.hispanichealth.org>.
PUB TYPE Reports - Research (143)
EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Child Welfare; Cultural Awareness; *Females; Focus Groups; *Hispanic Americans; *Resilience (Personality); Sex Role; Social Support Groups; *Urban Youth

ABSTRACT

In 1998, a series of focus groups was held to explore the factors that promote resilience among Hispanic girls. At least 4 focus groups, composed of no less than 6 and no more than 15 participants, were conducted at each of the 6 urban sites. In spite of the variations in Hispanic subgroup membership of the focus group participants, the findings from these sessions suggested one clear, salient conclusion: cultural protective factors play a critical role in buffering Hispanic girls from risky and damaging behaviors, such as delinquency, depression, pregnancy, and substance abuse. This report also offers recommendations to address the serious risks facing Hispanic girls. Focus group participants confirmed the need to develop culturally appropriate programs and messages for Hispanic girls and their parents. They agreed about the importance of involving Hispanic community-based organizations in the design, implementation, and evaluation of any campaign to empower Hispanic girls. (Contains 131 end notes.) (SLD)

The State of Hispanic Girls



BEST COPY AVAILABLE

COSSMHO PRESS
WASHINGTON, DC

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

The State of Hispanic Girls

COSSMHO PRESS
WASHINGTON, DC

All rights reserved. No part of this publication may be reproduced in any form, including photo, recording, or by any information retrieval system, without the specific permission of the copyright holder. Produced by the National Coalition of Hispanic Health and Human Services Organizations (COSSMHO), Washington, DC, with support from the Carnegie Corporation of New York, the Ford Foundation, and the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). The opinions expressed herein are solely those of the contributors and do not necessarily reflect the policy or position of the funding sources or the COSSMHO Board of Directors or membership.

© 1999, National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)

Printed in the United States of America

Library of Congress Catalog Card Number: 99-66284

Table of Contents

- I. Executive Summary1
- II. Hispanic Girls: Nationwide Snapshots3
 - Risky and Health Damaging Behaviors3
 - Access to Prevention and Intervention Services16
- III. Resiliency and Risky Behaviors by Hispanic Girls21
 - The Role of Acculturation21
 - Positive Cultural Adaptation28
- IV. Voices of Hispanic Girls, Families and Communities31
 - The Focus Group Process32
 - Focus Group Findings34
- V. Recommendations51
 - National Policy Recommendations51
 - Recommendations for Programs54
 - Recommendations for Public Education Campaigns56
- VI. Conclusions59
- VII. Endnotes61

I. Executive Summary

Early adolescence is a critical transition period for youth, characterized by risk-taking and efforts to achieve increased independence. Increasingly, this developmental stage has signaled special risks for American girls, who begin to lose self-confidence, falter in school achievements, fail to participate in physical activities, and neglect their own aspirations. Some have termed this the “goodbye to girlhood crisis,” wherein girls are hurried prematurely into sexual and social maturity. The risks facing girls during early adolescence may also be exacerbated by participation in health damaging behaviors such as the use of tobacco, alcohol, and illegal drugs; unprotected sex resulting in pregnancy or exposure to sexually transmitted diseases; and violent behavior against self or others. For more than a decade, such violent behavior has increased in lethality due to ready access to firearms.

The four most serious threats to the health and education of American girls today are pregnancy, depression, substance abuse, and delinquency. These threats are more prevalent among Hispanic girls than among their non-Hispanic white or African American peers. Alarming, a significant minority of Hispanic girls lead girls nationwide in rates of teenage pregnancy, suicide attempts, alcohol and drug abuse, and self-reported gun possession. It is chilling that about one in three Hispanic girls report seriously considering suicide, the highest rate of any racial or ethnic group.

Data on Hispanic girls are even more compelling in light of demographic trends. Hispanic girls now rank as the largest minority group of girls in the country and are projected to remain so for the next fifty years. Despite the fact that health morbidity dangers are highest for Hispanic girls, fewer prevention or treatment services reach them than reach girls in any other racial or ethnic group. Nowhere is this more evident than in health and mental health coverage.

I. Executive Summary

While the risks facing Hispanic girls are many and serious, especially in light of the lack of access to health care, less attention has been paid to exploring those factors that promote resiliency. To address this serious gap in knowledge, the National Coalition of Hispanic Health and Human Services Organizations (COSSMHO) launched in 1998 a series of focus group meetings across the nation. These focus group meetings included girls, parents, and youth workers representing the five Hispanic subgroups: Mexican Americans, Puerto Ricans, Cuban Americans, Central and South Americans, and other Americans of Hispanic origin. Despite the variations in Hispanic subgroup membership, the findings from these sessions suggested one clear, salient conclusion: cultural protective factors play a critical role in buffering Hispanic girls from risky and health damaging behaviors.

In the following report, COSSMHO offers a series of recommendations formulated from the vantage point of communities to address the serious risks facing Hispanic girls. The focus group participants confirmed the need to develop culturally appropriate programs and messages, designed to educate Hispanic girls and their parents about the dangers of health risk behaviors which may trigger harmful consequences over the life span. There was consensus that such programs must be designed to teach Hispanic girls resiliency skills and to promote positive youth development. Focus group participants emphasized the need to strengthen families and support networks for Hispanic girls. They agreed about the importance of involving Hispanic community-based organizations in the design, implementation and evaluation of any campaign or strategy to empower Hispanic girls. Moreover, they highlighted how imperative it is to provide bilingual and bicultural professionals and peers as role models and mentors for Hispanic girls.

II. Hispanic Girls: Nationwide Snapshots

Early adolescence is a critical period of transition for all youth, marked by biological and social changes, experimentation, risk-taking and steps towards increased independence. Over the past three decades, changes in American society have helped reshape the experiences of this developmental stage, making this period more problematic for girls than boys. Some have described this as the “goodbye to girlhood” crisis, wherein girls are hurried into sexual and social maturity.¹ It is now well documented that between their ninth and fourteen birthdays, American girls tend to lose self-confidence, become less physically active, perform less well in school, and neglect their own interests and aspirations.² With the task of attracting boys having become a priority, girls in this age group may ignore their own ambitions and goals in the process. *The neglect of necessary developmental tasks by pre-adolescent girls, accompanied by poor self-esteem, may inevitably impede successful transitions to adolescence and early adulthood.*

Risky and Health Damaging Behaviors

The special risks facing girls during early adolescence may also be exacerbated by participation in risky and health damaging behaviors. Health professionals have termed these risky behaviors and their health consequences the ‘new morbidities,’ which include depression and suicide; use of alcohol, tobacco, and illegal drugs; unprotected sexual activity with subsequent exposure to sexually transmitted diseases (including HIV/AIDS); gun-related violence and other intentional injuries.³ Starting in the 1960s, the ‘new morbidities’ have gradually replaced infectious diseases as the leading cause of illness, disability and death among the nation’s youth. Nowhere is this more evident than in juvenile homicides, which increased over 150 percent between 1985 and 1995 and resulted in a sobering death toll of 25,000.⁴ Nearly all the increase in juvenile murders is related to firearms. This increase in the use of firearms by and against children is also strongly correlated with a sharp escalation in the manufacture of handguns.⁵

II. Hispanic Girls: Nationwide Snapshots

New Morbidities

These new morbidities are “equal opportunity” hazards which clearly endanger girls as well as boys. A 1997 Commonwealth Fund *Survey of the Health of Adolescent Girls* documented that *a significant minority of American girls today engage in risky and health damaging behaviors.*⁶ This report also discovered that those at greatest risk of such behavior include girls who have been abused or maltreated and suffer from depression or related mental health problems. Focusing on the use of cigarettes, alcohol and drugs by girls in grades five through twelve, the survey revealed that girls now participate in risky and health damaging activities at the same rate as boys. More alarming still was the evidence that at-risk girls are likely to take multiple risks with their health. More than half of American girls who smoke, drink, use illegal drugs, binge and purge, or do not exercise are also engaged in one other or more damaging behaviors. According to the Commonwealth investigators, the tendency to engage in risky behaviors differs significantly across racial and ethnic groups. *In the study, non-Hispanic white and Hispanic girls were more likely to engage in risky behaviors than African American or Asian American girls.*⁷

*Other surveys corroborate that a significant minority of Hispanic girls lead girls nationwide in alarming rates of teenage pregnancy, suicide, alcohol and drug abuse, and self-reported gun possession.*⁸ Three of the four most serious threats to the health and education of girls today — pregnancy, depression, and substance abuse⁹ — are thereby more prevalent among Hispanic girls, than among non-Hispanic white, or African American girls. *Just as alarming is the fact that these dangerous trends appear to be worsening over time.* The fourth threat, delinquency, may also be increasing at a higher rate among Hispanic girls than among their counterparts in other racial and ethnic groups. However, current national data on Hispanics in the justice system is sketchy and not sufficiently standardized to permit valid comparisons.¹⁰

II. Hispanic Girls: Nationwide Snapshots

The special challenges and problems that Hispanic girls face throughout adolescence, over and above the general pressures for girls outlined above, may help explain these daunting indicators. Hispanic girls, on the one hand, are affected by specific cultural expectations with respect to



Hispanic girls are diverse.

gender roles and family responsibilities. On the other hand, they often face discriminatory attitudes and actions by those representing the majority culture, while at the same time enduring pressures towards acculturation. These conflicting pressures are often overwhelming. Without support and encouragement from family, friends, and the community, Hispanic girls may end up engaging in health-risk behaviors in an attempt to “escape.”

Hispanic girls do not constitute a monolithic group. The Census Bureau first forged the term “Hispanic” in 1970 to identify persons in the United States of Spanish descent or origin. Today, some prefer to use the term “Latino” to refer primarily to those of Latin American origin, whether they are citizens or residents. As of 1990, the Census Bureau began to gather data on five separate Hispanic subgroups. These groups include Mexican Americans, Puerto Ricans, Cuban Americans, Central and South Americans, and other Americans of Hispanic origin. Recent research has highlighted the degree to which risky behaviors by girls vary across Hispanic subgroups.¹¹ The school dropout rate, for example, is much higher among Mexican American youth

II. Hispanic Girls: Nationwide Snapshots

than among their Cuban American peers. Nevertheless, the data remain sketchy with respect to Hispanic subgroups, requiring refined collection efforts to address the gaps in knowledge.

*Hispanic girls now rank as the largest minority group of girls in the country.*¹² According to the latest population projections by the U.S. Census, there are more than 5.5 million Hispanic girls under the age of 18 living in the U.S. today, not including girls living in the Commonwealth of Puerto Rico. As such, Hispanic girls make up 15.2 percent of the total number of American girls. African American girls, in comparison, make up 15.0 percent of the population of American girls, a slightly lower number than Hispanic girls.

The Hispanic population in the United States more than doubled in size between 1980 and 1997. More than one in three Hispanics are children under the age of eighteen.¹³ As a result, the number of Hispanic children and youth surpassed that of their African American counterparts in 1996. About half of all Hispanics live in the Western States, with significant percentages also residing in the South and Northeast. Demographers predict that the size of the Hispanic population will continue to grow over the coming decades, due in part to high Hispanic birth-rates as well as to immigration trends.

Unprotected Sex

Data on youth health-risk behavior trends shed light on the dangerous degree to which Hispanic girls are collectively in trouble, with higher rates of engagement in risky behaviors than those of non-Hispanic white, African American, or Asian American girls. *Although the national incidence of teen pregnancy has declined in recent years, teen pregnancy rates remain highest among Hispanic girls.* Between 1991 and 1996, for example, the birth rate for fifteen-to-nineteen-year-olds decreased by 21 percent among African American girls and by 13 percent among non-Hispanic white girls. However, it only decreased

II. Hispanic Girls: Nationwide Snapshots

by 5 percent for Hispanic girls, leaving them with the highest teen birth rate in the nation.¹⁴

In addition to pregnancy, unprotected sex poses significant health threats such as exposure to sexually transmitted diseases (STDs). Although insufficient data on these health risks and others have been collected for pre-adolescents, data collected for older adolescents signal the serious consequences unprotected sex poses for Hispanic girls. *Hispanic girls are least likely to report using condoms, a clear risk factor for infection with STDs.*¹⁵ According to the Youth Risk Behavior Surveillance (YRBS) data for 1997, Hispanic girls (40%) are significantly less likely to report using a condom during sexual intercourse than their non-Hispanic white (49.2%) or African American (58.9%) peers.¹⁶ Not surprisingly, Youth Risk Behavior survey data from California reveal higher incidence of HIV infection and AIDS among Hispanic girls and boys between thirteen and nineteen years of age than among their African American or non-Hispanic white peers. The California data set also reveals that Hispanic girls have higher rates of gonorrhea and syphilis than Hispanic boys, although some of this may be attributed to greater use by girls of health care screening services.

Depression and Suicide

The Commonwealth Fund survey data show a strong connection between depression among girls and their participation in risky behaviors. Girls subject to depression or lacking in self-confidence are twice as likely to report use of cigarettes, alcohol, or illegal drugs than their non-depressed peers. The girls themselves explain that they turn to alcohol and drugs as a means of relieving stress and depressive symptoms. Rates of depression among girls nationwide vary across racial and ethnic lines. Hispanic and Asian American girls in the survey exhibited more depressive symptoms than their African American or non-Hispanic white peers. In the survey, 27 percent of Hispanic girls

II. Hispanic Girls: Nationwide Snapshots

described themselves as feeling moderately to severely negative about their own lives, in comparison to 30 percent of Asian American, 22 percent of non-Hispanic white, and 17 percent of African American girls.¹⁷

Most disturbing of all is the health risk data showing that Hispanic girls rank highest in rates of depression and suicide. Even though national suicide rates among high-school girls have decreased in recent years, Hispanic girls remain most likely to consider seriously, make a concrete plan, and attempt suicide. The statistics point to a dire state of affairs. Among female high-school students in 1997, for example, the rate of attempted suicide among Hispanic girls (14.9%) was one-and-a-half times that of their African American (9.0%) and non-Hispanic white (10.3%) counterparts.¹⁸ An even greater number of Hispanic girls that year had made a concrete plan to kill themselves. More specifically, close to one-fourth of Hispanic girls (23.9%) in high school in 1997 had made a suicide plan as compared to one-sixth of African American female students (16%) and one-fifth of non-Hispanic white girls (18.5%) in school.¹⁹ Furthermore, serious consideration of suicide by Hispanic girls, an initial and triggering risk factor, has reached ominous and epidemic proportions: close to one out of every three Hispanic female (30.3%) high-school students in 1997 had seriously considered suicide, in comparison to one out of every five African American girls (22%) and one out of every four non-Hispanic white girls (26.1%).²⁰

Abuse of Alcohol, Tobacco, Illegal Drugs, and Other Substances

In addition to suicide, Hispanic girls also lead the way with higher rates of substance abuse. This includes the abuse of such seriously addictive and life threatening illegal drugs as cocaine. According to the 1997 Youth Risk Behavior Surveillance data, for example, Hispanic female students (12.5%) are almost twice as likely to have experimented with cocaine than their non-Hispanic white (7.5%) counterparts and over twelve times as likely as their African American

II. Hispanic Girls: Nationwide Snapshots

(1%) peers.²¹ Moreover, Hispanic female students (5.3%) are over twice as likely to report current use of cocaine than non-Hispanic white girls (2.3%) and twenty-six times as likely as African American girls (0.2%).²² *Disconcertingly, rates of lifetime crack cocaine or “freebase” use among Hispanic girls (8.2%) are almost twice those of non-Hispanic white girls (4.3%) and more than eight times that of African American girls (0.9%).*²³ Likewise, rates of lifetime use of powder cocaine by Hispanic female students (12.5%) are nearly twice those of non-Hispanic white girls (7.5%) and more than twelve times that of African American girls (1%).²⁴ At the same time, Hispanic girls (1%) are more likely to have started using cocaine before reaching thirteen years of age than their non-Hispanic white (0.7%) or African American (0.1%) age-mates.²⁵

In addition to cocaine, Hispanic girls also lead their peers in abusing other illicit drugs. Such illegal substances include marijuana and injected drugs like heroin. Youth Risk Behavior Surveillance data for 1997 show that Hispanic (23.3%) female students are more likely to be current users of marijuana than their non-Hispanic white (21.2%) and African American (21.4%) peers.²⁶ The data also highlight the fact that Hispanic girls begin using marijuana at much earlier ages than girls in other racial and ethnic groups. Hispanic (8.3%) female high-school students, for example, are more likely to have started using marijuana before their thirteen birthdays, than African American (6.5%) or non-Hispanic white (5.6%) girls.²⁷ In addition, Hispanic (1.3%) girls are three times more likely to inject themselves with an illicit drug over the course of a lifetime than their African American (0.4%) peers.²⁸

It is dismaying that Hispanic girls also lead their counterparts in other racial and ethnic groups in the use of illegal steroids and inhalants. Hispanic girls (2.8%) in high school are four times more likely to use illegal steroids at some point over the life course than their African American peers (0.7%).²⁹ They also lead non-Hispanic white girls (2.0%) in the use of illegal steroids.³⁰ Moreover, Hispanic

II. Hispanic Girls: Nationwide Snapshots

female students (17.0%) are almost three times as likely to have sniffed or inhaled intoxicating substances than their African American (6.1%) or their non-Hispanic white (15.6%) peers.³¹ In the 1995 Youth Risk Behavior Surveillance survey in California, Hispanic girls were also more likely to report lifetime use of inhalants than Hispanic boys or adolescents from other racial and ethnic groups.³²

It is also disconcerting that Hispanic female students are more likely to use a wide range of other illegal drugs at the same rate as their non-Hispanic white peers, and at a significantly higher rate than that of African American girls. Such drugs include LSD, PCP, speed, ecstasy, mushrooms, or ice. According to the 1997 Youth Risk Behavior Surveillance data, use of such illegal drugs over the course of a lifetime is approximately seven times higher among Hispanic girls (14.5%) than among their African American peers (2.1%) and slightly less than among non-Hispanic white girls (17.5%).³³

At the same time, the use of alcohol is higher among Hispanic girls in school than among their peers from other racial and ethnic groups. According to Youth Risk Behavior Surveillance data in 1997, for example, Hispanic girls (82.1%) in high school are significantly more likely to have imbibed alcohol at least once than their African American (73.8%) and their non-Hispanic white (79.9%) counterparts.³⁴ More dire is the finding that Hispanic female students (31.8%) are more likely to have started drinking alcohol before age thirteen than their African American (27.1%) and non-Hispanic white (23.7%) age-mates.³⁵ The 1995 Youth Risk Behavior Survey data set from California shows that Hispanic girls also lead the way in self-reported alcohol consumption, outranking Hispanic boys as well as African American and non-Hispanic white girls.³⁶

It is important to keep in mind that these are all conservative estimates, as the Youth Risk Behavior Surveillance data are collected from high-school students. Thus, it bypasses middle school youth as well as youth who have

II. Hispanic Girls: Nationwide Snapshots

dropped out of school, many of whom may be more likely to abuse illegal drugs and alcohol than their counterparts who remain in school.

Paradoxically, far too many of the Hispanic girls and boys who remain in school are introduced to illegal drugs and alcohol while on school grounds. More specifically, Hispanic students are more likely to be offered, sold, or given an illegal drug while on school property than their peers in other racial and ethnic groups. Hispanic girls in particular are at special risk.

According to the 1997 Youth Risk Behavior Surveillance data, Hispanic female students (34.4%) are more than twice as likely to be given illegal drugs while at school than their African American counterparts (16.7%).³⁷ Also, Hispanic girls (34.4%) are significantly more likely than their non-Hispanic white peers (24.5%) to procure illegal drugs at school.³⁸ More specifically, Hispanic high-school girls (5.9%) are more likely to use marijuana on school grounds than their African American (5.4%) and non-Hispanic white (3.9%) peers.³⁹ Just as troubling is the finding that Hispanic female students (7.6%) are almost twice as likely to drink alcohol on school property than their African American female peers (4%), and more than twice as likely as their non-Hispanic white counterparts (2.9%).⁴⁰

Results of the 1997 Youth Risk Behavior Surveillance survey also indicate that Hispanic girls (7.7%) are also more likely than their African American counterparts (5.5%) to smoke cigarettes on school grounds.⁴¹ Although non-Hispanic white girls are twice as likely as their Hispanic peers to smoke on school property, Hispanic girls have the highest lifetime use of tobacco. More specifically, Hispanic girls (72.7%) are more likely to have experimented with cigarettes during the course of their lifetimes than their African American (66.8%) or their non-Hispanic white age-mates (70.3%).⁴² Moreover, Hispanic girls (20.3%) are more likely to have smoked an entire cigarette before age thirteen than their African American peers (15.3%).⁴³

II. Hispanic Girls: Nationwide Snapshots

Out-of-School Youth

As daunting as these suicide and substance abuse statistics appear to be in terms of Hispanic girls, it is important to note that they are merely conservative estimates, which fail to account for out-of-school youth. *Regrettably, Hispanic girls also have school dropout rates higher than those of non-Hispanic white, African American, or Asian American girls.* Girls who leave school before graduation, either as dropouts or as delinquents, may be at greater risk for depression and suicidal ideation than peers who remain students. *When it comes to dropping out of school, Hispanic girls even outflank Hispanic boys.* In 1995, thirty percent of Hispanic girls between the ages of sixteen and twenty-four had dropped out of school without re-enrolling or earning a high-school equivalency degree.⁴⁴ In contrast, dropout rates for Hispanic boys and African American girls declined and those for African American males and non-Hispanic white students remained stable.

The dramatic school dropout rate for Hispanic girls is indirectly related to their disproportionately high teen birth rate. The customary pattern among non-Hispanic white and African American girls is to become pregnant first and drop out of school as a result of the pregnancy. In contrast, Hispanic girls are more likely to have dropped out of school first, and to become pregnant afterwards.⁴⁵ *More alarming is the fact that Hispanic girls who drop out remain “detached” from both school and work.* From 1985 to 1996, Hispanic girls between sixteen and nineteen years of age were more likely to be “detached” — neither employed nor enrolled in school — than their non-Hispanic white or African American peers.⁴⁶ *Most alarming are the data showing that Hispanic girls who give birth are least likely to return to school or pursue alternative educational options.* Hispanic teen mothers (27%) are two-and-a-half times less likely than African American teen mothers (67%) and two times less likely than non-Hispanic white teen mothers (55%) to complete a high-school degree or general education equivalent by the time they reach their mid-twenties.⁴⁷

II. Hispanic Girls: Nationwide Snapshots

Child Abuse, Delinquency, and Fear for Personal Safety

The disproportionate school drop-out and detachment rate for Hispanic girls also poses a greater threat of subsequent alcohol and drug abuse as well as unemployment or underemployment over the course of a lifetime. Substance abuse and unemployment signal a heightened risk of contact with the juvenile or criminal justice systems. The FBI's Uniform Crime Reports reveal that arrests for drug abuse violations among girls across racial and ethnic groups nationwide more than tripled between 1991 and 1996.⁴⁸

*Substance abuse by girls is all too often linked to physical, sexual or emotional abuse at home.*⁴⁹ In such cases, abuse of alcohol or illegal substances is commonly described as a form of self-medication, aimed at numbing psychological pain, anguish and anger. Although there are little data on the abuse and neglect of Hispanic girls specifically, national surveys document higher overall rates of sexual abuse among girls than boys in all racial and ethnic groups.⁵⁰ The higher incidence of sexual abuse among girls also corresponds to higher arrest rates of girls for running away from abusive situations.⁵¹ Delinquent and violent behavior by adolescents is also strongly tied to prior child abuse and neglect, as examined in a range of extensive studies.⁵²

*Although national arrest and juvenile court records lack consistent and standardized data on Hispanics, they reveal a dramatic overall increase in offenses committed by girls against persons, spanning the range of racial and ethnic groups. This offense category by girls increased by an alarming 60 percent from 1989 to 1993.*⁵³ The majority of offenses against persons committed by girls are against family members, often in response to current or past histories of abuse.⁵⁴

Notwithstanding the paucity of child abuse or law enforcement data on Hispanic girls, other adolescent surveys paint a grim picture of the extent and severity of the problem. *According to 1995 self-report*

II. Hispanic Girls: Nationwide Snapshots

data collected from high-school students, Hispanic girls are more likely to have carried a gun within a given thirty-day period than African American or non-Hispanic white girls.⁵⁵ Physical violence itself also appears to be increasing among Hispanic girls. In 1993 and 1995, the percentage of high-school students who reported using physical force in a fight jumped from 34 to 40 percent for Hispanic girls.⁵⁶ In contrast, those numbers dropped from 42 to 35 percent for African American girls and from 30 to 27 percent for non-Hispanic white girls.⁵⁷ As a result, Hispanic girls in school now outrank their female peers from other racial or ethnic groups in resorting to slapping, kicking, and other physical acts to resolve disputes.

At the same time, Hispanic girls (7.7%) were three times as likely to fear for their personal safety at school as non-Hispanic white girls (2.5%).⁵⁸ According to the 1997 Youth Risk Surveillance Behavior data, Hispanic female high-school students (7.7%) also expressed greater fear of going to school than African American girls (6.1%) or Hispanic boys (6.8%).⁵⁹ Only African American boys (7.5%) matched the fear of going to school reported by Hispanic girls (7.7%).⁶⁰ The juxtaposition between high rates of fear among Hispanic girls of going to school and high rates of gun possession suggests that guns are carried as a defensive or self-protective strategy. As such, effective prevention or intervention strategies to combat gun possession among Hispanic girls must focus on guaranteeing personal safety for these girls on the way to-and-from school as well as on school grounds.

Eating Disorders and Failure to Exercise

Depression, fear of violence, abuse, and low self-esteem are also associated with self-destructive behaviors such as eating disorders. Close to one in three American girls suffering from depression report having binged or purged, signaling a serious eating disorder.⁶¹ Moreover, close to 60 percent of girls with low self-esteem perceive themselves to be overweight, leading them to diet at twice the rate of their more

II. Hispanic Girls: Nationwide Snapshots

confident peers.⁶² The prevalence of eating disorders differ significantly across racial and ethnic lines. *In the Commonwealth Survey, Hispanic girls led the way, with one in three perceiving themselves to be overweight.* More specifically, 31 percent of Hispanic girls identified themselves as overweight in comparison to 28 percent of non-Hispanic white, 24 percent of Asian American, and 18 percent of African American girls.⁶³ Likewise, close to half of all Hispanic girls and non-Hispanic white girls reported resorting to diets. This translated into 46 percent of Hispanic girls reporting they had been on a diet, in comparison to 45 percent of Asian American, 38 percent of African American, and 52 percent of non-Hispanic white girls.⁶⁴

At the same time, other data reveal that Hispanic girls are significantly less likely to exercise strenuously several times a week than their peers in other racial and ethnic groups. According to the Youth Risk Behavior Surveillance data for 1992 and 1995, physical inactivity was more prevalent among Hispanic and African American girls than among non-Hispanic white girls.⁶⁵ In 1992, 17.8 percent of Hispanic girls reported they had not participated in any moderate or strenuous physical activity in the previous week, in comparison to 20.2 percent of African American girls and 13.7 percent of non-Hispanic white girls. Furthermore, in 1995, 15 percent of Hispanic girls reported a failure to exercise moderately or rigorously, in comparison 21.4 percent of African American girls and 11.6 percent of non-Hispanic white girls.

The 1995 Youth Risk Behavior Surveillance data also revealed that Hispanic and African American girls in grades nine through twelve were significantly less likely to be enrolled in physical education courses than their non-Hispanic white peers. More specifically, only 44.6 percent of Hispanic girls and 44.4 percent of African American girls were enrolled in physical education classes that year, in contrast to 61.7 percent of non-Hispanic white girls.⁶⁶ Of additional concern is the fact that Hispanic girls in ninth through twelfth grades are much less likely than their non-Hispanic white or African American peers to

II. Hispanic Girls: Nationwide Snapshots

join a school sports team. According to the 1995 survey, only 27.3 percent of Hispanic girls participated in team sports at school, in comparison to 34.9 percent of African American girls and 47.1 percent of non-Hispanic white girls.⁶⁷

Hispanic and African American girls are also significantly less likely than non-Hispanic white girls to participate in team sports organized within their communities. The 1995 Youth Risk Behavior Surveillance survey found that only 21 percent of Hispanic and African American girls joined community sports teams, in contrast to 29.9 percent of non-Hispanic white girls.⁶⁸ Given the importance of exercise to physical and mental health, these overall inactivity trends among Hispanic girls are especially worrisome. In light of recent evidence that physical activity may help combat depression among adolescents, failure to exercise may exacerbate incipient mental health problems.

*It is important to keep in mind that risky and health damaging behaviors during adolescence foretell “rotten outcomes” in adulthood.*⁶⁹ Public health research has ascertained that the younger an adolescent begins using alcohol or drugs, the more likely she or he will be dependent on these substances in adulthood. Likewise, adolescent parenthood is likely to lead directly to poor health, lack of prenatal care and failure to graduate from high school. Such interim negative outcomes predict a very high likelihood of unemployment and poverty throughout adulthood. Contact with the juvenile justice system also signals future barriers to continuing education and jobs with living wages, adequate enough to support and sustain families. Indeed, proposals to make juvenile records public may condemn all juvenile offenders to lifetime prospects of poverty or working-poor status.

Access to Prevention and Intervention Services

Despite the fact that health morbidity dangers are highest for Hispanic girls, fewer prevention or treatment services reach them than

II. Hispanic Girls: Nationwide Snapshots

reach girls in any other racial or ethnic group. Nowhere is this more evident than in health and mental health care coverage. According to 1996 data from the Agency for Health Care Policy and Research, close to one out of three Hispanic children and youth in this country are uninsured. The uninsured rate for Hispanic (27.7%) children is more than twice the rate for non-Hispanic white (12.2%) children and one-and-a-half times the rate for African American (17.6%) children.⁷⁰ At the same time, publicly funded health care services reach a smaller percentage of Hispanic children than their peers in other ethnic and racial groups. With respect to Medicaid, for example, Hispanic children (37.4%) have lower rates of participation than African American (45.3%) or Native American, Eskimo and Aleut children (44.4%).⁷¹

Hispanic children are also less likely to be covered by private employer-based health and mental health coverage, although the majority live in two-parent families with one or both parents working. It is important to keep in mind here that more than one-third of all Hispanic workers are uninsured, in contrast to one-fourth of African American workers and one-sixth of non-Hispanic white workers. Thus, only one-third of Hispanic children (35.1%) have employer-based health coverage in comparison to almost three-quarters of non-Hispanic white (69.0%), three-fifths of Asian and Pacific Islander (60.1%), and nearly two-fifths of African American (38.6%) children.⁷²

*Hispanic children are also the least likely group of American children to have a usual source of health care.*⁷³ In 1996, Hispanic children (17.2%) were one-and-a-half times more likely than African American children (12.6%) and three times more likely than non-Hispanic white children (6%) to lack a usual source of health care.⁷⁴ Without a usual source of health care, children and youth face greater risks of obtaining less than quality health services. Likewise, without a usual source of care, continuity becomes almost impossible to guarantee. Such continuity is also difficult to maintain when health care is hospital-based. Yet even

II. Hispanic Girls: Nationwide Snapshots

when they have insurance, Hispanic children and youth (13.7%) are almost twice as likely as to rely on hospital-based health care their non-Hispanic white counterparts (7.2%).⁷⁵

According to the 1996 Medical Expenditure Panel Survey (MEPS), families headed by Hispanics were more likely to report significant barriers to health care than those headed by African Americans or non-Hispanic whites.⁷⁶ Inadequate family income proves to be the dominant and most pressing impediment. The MEPS data show that Hispanics are most likely to experience financial barriers to needed health care. In 1996, 69.1 percent of Hispanic families acknowledged that they were unable to afford health care, in comparison to 60.4 percent of African American and 58.5 percent of non-Hispanic white families.⁷⁷

Lack of access to quality, affordable health care may clearly jeopardize health outcomes, especially for children and adolescents. Given that Hispanic girls and boys are more likely to be uninsured than any other group of American children, it is not surprising that their health status is more likely to be poor to mediocre. Among children under the age of eighteen, Hispanics (7.8%) were almost twice as likely as African Americans (4.2%) and close to three times as likely as non-Hispanic whites (2.9%) to be in poor to marginal health.⁷⁸ Likewise, the most recent MEPS data show that as reported by their parents, Hispanic children and youth (42.9%) are less likely to be in excellent health than their African American (48.1%) or non-Hispanic white (55.3%) peers.⁷⁹

The substantial school dropout rates for Hispanic children and youth also preclude a large group from receiving school-based health services. Given the higher dropout rate for Hispanic girls than for boys, girls are at greatest risk of missing critical school-based health programs (preventive and intervention) aimed at deterring a wide range of risky behaviors. Such programs are designed to combat use of alcohol, illegal drugs and tobacco; pregnancy and infection by STD's, violence

II. Hispanic Girls: Nationwide Snapshots

and domestic abuse; depression and other problems. One study documented that school dropouts, who are more likely to have started using alcohol, illegal drugs, and cigarettes by age twelve, were least likely to have been enrolled in substance abuse prevention programs even while enrolled in school.⁸⁰ Statewide data from California also reveal that up to 21 percent of all high-school students have never been exposed to school-based prevention programs.⁸¹

Even when they remain enrolled in school, Hispanic girls are least likely to receive health education programs aimed at reducing risky behaviors. One important example includes prevention classes focusing on the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). According to 1997 Youth Risk Behavior Surveillance data, Hispanic girls (85.1%) are significantly less likely to have been taught about the risks of HIV/AIDS in school than their African American (90.4%) and non-Hispanic white (92.8%) peers.⁸²

At the same time, there are few resources available for local, community-based health and wellness programs aimed at Hispanic youth. *Across the board, community programs that serve Hispanic youth and families tend to be compromised by a scarcity of Spanish-speaking workers trained to deliver culturally competent outreach and support services.*⁸³ Culturally competent outreach services include the use of fully bilingual staff, a reliance on trusted members of informal community helping networks, and an emphasis on culturally appropriate practices wherein the family is the preferred point of contact, introductory meetings precede any request for the completion of written forms, and family privacy is safeguarded. In turn, culturally competent support services include the use of fully bilingual staff and trusted community helpers as well as the provision of transportation, child care, home-based services, and timely case management. Community agencies that belong to the COSSMHO coalition provide notable examples of the design and delivery of such culturally competent outreach and support services.

II. Hispanic Girls: Nationwide Snapshots

The lack of access to family-focused, school-based, or community-centered wellness and prevention programs, exacerbated by poverty, increases exponentially the risks of poor outcomes. As of 1996, more than 40 percent of all Hispanic children under the age of seventeen were living in families with incomes below the poverty line.⁸⁴ Moreover, poverty rates continue to climb among Hispanic families with children. Due in part to the increasing immigrant representation within the Hispanic population, median Hispanic family income has fallen in absolute terms since 1972. In Los Angeles County alone, the percentage of Hispanics living in poverty jumped from 23 percent in 1990 to 35 percent in 1995.⁸⁵ Moreover, Hispanics are more likely to live in disadvantaged inner-city neighborhoods with attendant problems of unemployment and poverty than non-Hispanic whites.⁸⁶

Poverty rates among Hispanic families with children are likely to persist given education and labor market trends. *At present, more Hispanic women are employed in low-wage service jobs than women in any other racial or ethnic group.⁸⁷ At the same time, the full-time earnings of Hispanic women have fallen in real terms over the past ten years.⁸⁸ In light of the soaring school dropout and teen pregnancy rates among Hispanic girls, such wage disparities are not likely to change any time soon. In 1991, almost one-third of all Hispanic parents (32.8%) between the ages of sixteen and twenty-four were poor.⁸⁹*

Demographic trends portend increasing numbers of Hispanic children in poverty and additional waves of Hispanic girls in trouble if steps are not taken to strengthen family and community supports for them. Now exceeding the number of African American children nationwide, Hispanics make up the largest minority group of children and youth in America.⁹⁰ In California, one out of every three children in the State is Hispanic.⁹¹ If current demographic trends continue, the year 2040 will mark a time when half of all residents in California are Hispanic. These demographic realities highlight the importance of investing in prevention and intervention efforts aimed at reaching Hispanic girls and families.

III. Resiliency and Risky Behaviors by Hispanic Girls

The Role of Acculturation

Research studies consistently show that cultural protective factors play a critical role in buffering Hispanic adolescents from risky behaviors and activities. At present, however, some of these cultural protections appear to be time-limited. A range of studies substantiate that the longer immigrant youth live in the United States, the greater the likelihood of engagement in health-risk behaviors. For purposes of this discussion, first generation refers to immigrant children who are foreign-born. Second generation refers to children born in the United States to foreign-born parents. Third and later generations, in turn, refer to children and parents born in the United States.

According to the 1995 National Longitudinal Study of Adolescent Health, first generation immigrant youth report less substance abuse or violent behavior than acculturated youth in second or third generation families.⁹² Likewise, other data reveal that increased acculturation to American society leads to increased alcohol, tobacco, and illegal drug abuse among Hispanic youth. One large study of adolescents from towns on both sides of the Texas-Mexico border documented that Texas youth were abusing illegal drugs at a rate four times higher than their age-mates in Mexico.⁹³ Notwithstanding the poorer economic and social conditions in Mexico, this same study also found that Mexican youth were significantly less likely to be depressed or to contemplate suicide than their counterparts in Texas.⁹⁴ Not surprisingly, studies also show that substance abuse by Hispanic parents increases with acculturation, heightening the respective risks for Hispanic children.⁹⁵ An epidemiological survey in Los Angeles found the incidence of alcohol and illegal drug abuse was more than three times higher for persons born in the United States than for those born in Mexico.⁹⁶

III. Resiliency and Risky Behaviors by Hispanic Girls

Exposure to Social and Environmental Risks

These surveys prompt us to ask an important question: *has Americanization become hazardous to the health of Hispanic adolescents?* If the premise rings true for Hispanic youth in general, it is especially relevant with respect to Hispanic girls. *Hispanic girls have attained equal access to a wide range of environmental risk factors and risky activities.* Too often, Hispanic girls now have equal access to guns, illegal drugs, media messages that glamorize sex and violence, and other advertising pressures. Such access also entails an ironic “equal opportunity” to realize the serious and harmful consequences of health-risk behaviors.

At the same time that Hispanic girls are increasingly exposed to serious social and environmental risks, they are faced with pressures to relinquish protective cultural beliefs and practices. In other words, they are pressured to adopt the norms, values and generally held tenets of mainstream culture. Over the past decade or two, mainstream American culture appears to have said “goodbye to girlhood,” pressuring girls during the preteen years to conform to media stereotypes about sexual attractiveness and sexuality.

Acculturation to American society clearly diminishes gender-based cultural proscriptions, including those against risky behaviors. One such gender-based proscription focuses on alcohol and drug use. Traditional Latin American drinking patterns, for example, adhere to the expectation that men will consume far greater amounts of alcohol than women.⁹⁷ Differential drinking practices tied to gender, however, tend to diminish and eventually disappear in accordance with length of residence in the United States. Clearly, a policy goal here should not be to maintain differential proscriptions for Hispanic girls against risky behaviors which promote a double standard. Rather, the goal should be to promote prevention and intervention for both girls and boys.

III. Resiliency and Risky Behaviors by Hispanic Girls

Acculturation may also precipitate family conflicts and changes in family structure that are highly correlated with substance abuse by Hispanic girls. For example, acculturation is associated with the breakdown of traditional Hispanic extended families. These family disruptions and the loss of supportive role models tend to have more adverse effects on girls, placing them at higher risk of emotional and psychological distress.⁹⁸ Current research described earlier demonstrates that Hispanic girls commonly turn inward, resorting to illegal drug and alcohol abuse to ameliorate psychological pain and problems. Thus, Hispanic girls are at greater risk of earlier and more sustained lifetime use of illegal drugs and alcohol than their male counterparts.⁹⁹

Greater acculturation among Hispanic girls is also linked to an increased likelihood of adolescent sexual activity, pregnancy and parenthood. This is most apparent in comparisons of teen birthrates for Hispanic immigrants and second and third generation Hispanics. According to the National Center for Health Statistics data from 1989 to 1995, the adolescent birthrate for Hispanics born in the United States (26.6%) was more than twice that of Hispanic immigrants (12.5%).¹⁰⁰ Likewise, being an immigrant, speaking Spanish as a first language, attending church regularly at age fourteen, and several other factors are all linked to delayed onset of adolescent sexual activity and exposure to fewer sexual partners.¹⁰¹

The effects of acculturation on adolescent sexual activity vary across Hispanic subgroups. Adolescent immigrants born in Mexico, for example, are less likely to use contraceptives than other Hispanics or teens in other racial or ethnic groups. As a result, teenage immigrants born in Mexico are more likely to become pregnant and to marry immediately with the onset of sexual activity.¹⁰² Pregnancy, by and large, is accepted as culturally normative within Hispanic communities. These norms also appear to register disapproval of early, pre-marital sex; multiple sexual partners; and decisions to remain single, especially

III. Resiliency and Risky Behaviors by Hispanic Girls

for females. Other studies substantiate that an adolescent's degree of acculturation, cultural and religious values, attitudes about premarital sex, and level of education all influence the decision to use or forgo contraceptives.¹⁰³ This is an important area for additional research, especially across Hispanic subgroups, given the importance of condoms and other methods in efforts to combat the spread of sexually transmitted diseases.

*Acculturation is also tied to lower educational ambitions and higher likelihood of dropping out of school.*¹⁰⁴ One study documented that even though children in immigrant families face imposing barriers posed by poverty and English language difficulties, they have higher academic grades and lower dropout rates than their peers in second and third generation families. These positive outcomes are correlated with less time spent watching television and more time devoted to homework in addition to higher academic aspirations held by both immigrant children and parents.¹⁰⁵ For reasons not entirely understood, however, these educational aspirations diminish over time, resulting in the alarming school dropout rates for Hispanics in third and fourth generation families. Some surmise this deterioration is connected to the effects over time of persistent social disadvantage on children. Additional research is needed to investigate the mechanisms whereby the educational aims and performance of Hispanic girls (and boys) decline over the generations.¹⁰⁶

Low Self-Esteem and Family Stresses

Recent research highlights the prevalence of depression and low self-esteem among girls in immigrant families. Although this research applies to all countries of origin, it is especially applicable to Hispanics who now constitute the largest group of immigrants in America.¹⁰⁷ The sample population for this qualitative research included families from Latin and Asian countries living in San Diego, California.

III. Resiliency and Risky Behaviors by Hispanic Girls

*Risk factors for low self-esteem and poor outcomes among immigrant girls exist at all levels, from personal characteristics to family relations, school environments, and community conditions.*¹⁰⁸ Personal factors associated with low self-esteem include arrival in the United States in late childhood or adolescence, unhappiness with physical appearance, and failure to attract members of the opposite sex. Family risk factors include internal family conflict, low family cohesion, serious illness or disability in the family, family break-up, and family poverty or worsening economic circumstances. School risk factors include unsafe and stressful school environments, substandard and unfair teaching practices and school policies, and association with peers not planning to pursue higher education. Community risk factors include residence in a neighborhood characterized by “English-only” norms and mores, as well as discriminatory attitudes and practices based on race and ethnicity.

*Hispanic girls appear especially vulnerable to conflicts and stresses within the family.*¹⁰⁹ Given the importance of social relations to girls as a building block of their identities, such vulnerability appears to follow as a matter of course. It therefore comes as no surprise that among girls experiencing family conflicts, these problems often serve as predictors of depression and emotional distress. The immigration experience itself may result in a range of predictable family conflicts.¹¹⁰ Immigrant children tend to acquire English-language skills and media knowledge of mainstream American culture at a much more rapid pace than parents. This often leads to widening gaps between children and parents, wherein the former adopt American cultural practices, and the latter adhere to customs and cultural habits from the home country. The resulting culture divide may impede successful communication between parent and child.

This cultural divide is exemplified by the fact that Hispanic girls are less likely than girls in other racial and ethnic groups to talk about HIV/AIDS with their parents or other adult family members.

III. Resiliency and Risky Behaviors by Hispanic Girls

According to the data compiled in the 1997 Youth Risk Behavior Surveillance survey, Hispanic (64.7%) girls are significantly less likely to have discussed HIV/AIDS with their parents than their African American (75.3%) or non-Hispanic white (66.1%) peers.¹¹¹

Sexual Abuse and Harassment

An additional family conflict which poses monumental hazards for Hispanic girls is sexual abuse by a trusted member of the family. Sexual abuse or assault by a family member, friend or acquaintance has profound consequences for girls in all racial and ethnic groups. Most commonly, girls who are victimized by someone they know and trust are reluctant to report the incidents, due either to self-blame or threats from the perpetrator. It is well documented in clinical literature that such girls are more likely to develop severe depression, self-destructive behaviors and suicidal ideation.¹¹² The incidence of sexual abuse by family members and friends is clearly connected to subsequent depression among Hispanic girls. Sexual victimization also increases the likelihood that a girl will have multiple sexual partners, be infected with sexually transmitted diseases, and become an adolescent parent. One survey revealed that 62 percent of the pregnant teens contacted were victims of sexual abuse by adult males, mainly family members.¹¹³ Research in California and Florida corroborates some of these findings for Hispanic girls. Furthermore, this research shows that Hispanic teens typically become pregnant by men who are at least 4 to 6 years their senior.¹¹⁴

Hispanic girls are also susceptible to depression as a result of abuse or harassment by intimate partners and acquaintances. A recent survey of middle- and high-school students nationwide established the high degree of sexual harassment experienced by girls and boys from all racial and ethnic groups.¹¹⁵ Hispanic girls were most likely to stop attending particular school activities and sports as one way to avoid continued exposure to sexual harassment.¹¹⁶ Likewise, recent studies

III. Resiliency and Risky Behaviors by Hispanic Girls

in San Francisco and Miami have documented that the fear of harassment or abuse by intimate partners prevents a significant number of Hispanic girls from requesting their partners to use condoms or contraceptives.¹¹⁷ Reports of such intimate partner abuse are commonplace at health clinics aimed at testing girls and women for pregnancy and sexually transmitted diseases.

Depression and Suicide

Last but not least, acculturation itself is tied to increased rates of depression and suicide among Hispanic youth and young adults. A study examining California death certificates from 1970 through 1992, for example, revealed that Hispanic immigrants between the ages of fifteen and thirty-four were less likely to die by suicide than their Hispanic counterparts born in the United States.¹¹⁸ Likewise, other research on suicidal ideation has documented that foreign-born Mexican Americans are at significantly lower risk of suicide and depression than those born in the United States.¹¹⁹ In these studies and others, firearms proved the most common means for committing suicide. Thus, easy access to firearms in the United States may partially explain higher rates of suicide among second and third generation Hispanic youth. Firearm fatalities now rate as the fifth leading cause of death for Hispanic girls.¹²⁰ Given that Hispanic girls have the highest rates of attempted suicides, especially relevant factors include the diminishing importance for all American-born Hispanics of religious ties and beliefs that assail suicide.

A common theme emerges from the research on Hispanic immigrants, Hispanics born in the United States, and mental health. Namely, long-term residence in the United States clearly increases the risk of mental health problems across the spectrum, from depression to phobias and panic attacks. One large study of primary health care services in California, for example, found that immigrants from Mexico had a far lower incidence of depression and post-traumatic stress

III. Resiliency and Risky Behaviors by Hispanic Girls

disorder than those born in the United States.¹²¹ Another major study in northern California underscored the fact that place of birth has a momentous effect on the subsequent risk for most psychiatric disorders.¹²² This epidemiological study of people between eighteen and fifty-nine years of age compared lifetime rates of fourteen distinct psychiatric conditions, including mood disorders, anxiety disorders, substance abuse, psychoses, and antisocial personality disorders. The study found conclusively that long-term residence in the United States significantly increased rates in all these disorder categories, with particularly dramatic increases in the rates of substance abuse.¹²³

Positive Cultural Adaptation

A key question here is why long-term residence in the United States poses such a risk for the mental health of Hispanic immigrants and subsequent generations born here. Researchers, mental health professionals, and community-based practitioners all surmise that Hispanic cultural traditions provide an important protective buffer against depression and risky behaviors such as illegal drug abuse. The central role families play in the lives of children and adults across Hispanic subgroups also contributes to resiliency. Furthermore, the retention of cultural traditions by Hispanics also appears to promote better health practices with respect to diet and nutrition, clearly associated with improved health and mental health outcomes.

In contrast to the negative repercussions often associated with acculturation, recent research has also underscored the positive effects associated with bi-culturalism. One study underscored the importance of bi-culturalism in forging positive cultural adaptations for Hispanic youth. Those youth who were able to learn and put into practice the social skills consonant with both Hispanic and Anglo cultures were less likely to abuse illegal drugs, get in trouble at school, or experience family conflict.¹²⁴ Of even greater significance is the finding that Hispanic youth whose parents are bicultural are themselves more likely

III. Resiliency and Risky Behaviors by Hispanic Girls

to develop effective social skills in both Anglo and Hispanic cultural contexts.¹²⁵

Clearly, more research on the positive effects of Hispanic cultural protective factors is needed. Such research will have tremendous value in shaping effective prevention and intervention strategies for Hispanic girls and families. Likewise, the role of cultural protective factors in strengthening Hispanic families and communities merits much further exploration. The importance of such research is highlighted by a recent study showing a slipping in cultural protective buffers among Hispanic immigrant youth in Northern California.¹²⁶

As emphasized in a recent report from The Carter Center, viewing a child as “at promise” as opposed to “at risk” opens a myriad of opportunities to promote healthy physical and mental development.¹²⁷ Hispanic girls are “at promise” of tremendous accomplishments and contributions to their families, schools, communities, and the nation at large. By supporting the retention of cultural traditions and protective factors for Hispanic girls, we will help them avoid the wide range of serious risks in their midst, as outlined earlier.

IV. Voices of Hispanic Girls, Families, and Communities

To investigate risks facing Hispanic girls in diverse communities as well as possible remedies, COSSMHO organized a series of focus group meetings. The focus groups were designed to cover seven topic areas pivotal to understanding what prevents Hispanic girls from or leads them towards engaging in risky behaviors and activities. These topics include:

- Hispanic culture
- Family and peer relationships
- School performance
- Self-esteem
- General health and health damaging behaviors
- Specific health risk behaviors
 - Teen pregnancy
 - Substance abuse
 - Suicide and family violence
 - Community violence
- Messages to support the empowerment of Hispanic girls

Focus groups were conducted at a number of community-based organizations in six different cities. These included Houston, Texas; Miami, Florida; Washington, DC; Los Angeles, California; New York, New York; and Albuquerque, New Mexico. These cities are all located in regions characterized by large Hispanic populations. At least four focus groups composed of no less than 6 and no more than 15 participants were conducted at each of the six sites. The four groups were constituted to include: (1) Hispanic girls between nine and eleven years of age, (2) Hispanic girls between twelve and fourteen years of age, (3) the parents of these girls, and (4) local youth workers.

IV. Voices of Hispanic Girls, Families, and Communities

The Focus Group Process

The community-based organizations hosting the focus group sessions are located in neighborhoods representative of specific Hispanic sub-groups, known and respected by the communities they serve, and working with Hispanic youth in some capacity. Each project site selected a Site Coordinator who was in charge of recruiting participants. As a general rule, adolescent participants were members of after-school programs or of agency programs for at-risk youth. Parents were predominantly the mothers and fathers of the girls in the programs. Likewise, the youth workers were mainly recruited from organizations and agencies serving Hispanic youth.

The overwhelming majority of Hispanic girls represented in the focus groups are members of second generation immigrant families. Whereas 78 percent of the girls participating in the focus groups were born in the United States, 72 percent of their parents were born in Mexico, Central America or South America.¹²⁸ It is important to note that only 22 percent of the girls interviewed reported having been foreign-born, or members of first generation immigrant families.¹²⁹ When interpreting the findings of the focus group sessions targeting girls, it is important to bear this in mind. Only one out of five girls who participated can claim access to the full array of cultural protections afforded first generation immigrants. A clear majority of the girls in second generation families serve as interpreters and bridges to mainstream American culture for their parents, with all the adult responsibilities that entails.

IV. Voices of Hispanic Girls, Families, and Communities

Only 20 percent of the parents who participated in the focus groups reported having been born within the United States. As a result, only one in five of the parents who participated are members of third generation immigrant families. Thus, the overwhelming majority are first generation, rooted in the cultural mores, beliefs, and practices of their country of origin. As a result, one may anticipate many opportunities for cultural conflicts between first generation parents and their daughters born in the United States.

The girls and parents participating in the focus groups also represented a wide range of Hispanic subgroups. Of the 112 girls who took part, more than 38 percent identified themselves as Mexican American, close to 27 percent as Central American, and over 10 percent as Puerto Rican. In addition, close to 10 percent of the girls identified themselves as Dominican, more than 3 percent as Cuban American, some 2.5 percent as South American, and the remainder as affiliated with other Hispanic subgroups. Of all the parents who participated, in turn, close to one-third of these parents identified themselves as Central American in origin, one-fourth as Mexican in origin, and more than one-tenth as Mexican American. The remaining parents identified themselves as Puerto Rican, Dominican, Cuban American, South American or as of a different Hispanic origin, in percentages corresponding to those cited above for their daughters.

IV. Voices of Hispanic Girls, Families, and Communities

Focus Group Findings

Hispanic Culture

“...Hispanic adolescents here live in two worlds, one outside (at school) and one inside (at home)...” (Youth Worker, New York)

“In recent immigrant families, I find that culture is very important and very much a part of [the] daily life of girls. Family values are still important. But these [values] are lost through time, especially traditional values. Many immigrant parents feel that to succeed in [the] U.S. they must lose certain traditional values and acquire values of [the] American culture.” (Youth Worker, California)

Focus group participants underscored the fact that challenges relating to family and culture, traditional gender role expectations and acculturation are unique to Hispanic girls. According to the parents and youth workers, cultural adaptation poses special difficulties for these girls. For many girls of Hispanic origin, it has become a real struggle to maintain traditional values in the contemporary American cultural context. One parent from New Mexico associated acculturation with a loss of identity. Other parents stressed that Hispanic girls face additional pressures because they often have to serve as a bridge between two cultures for the sake of the family, a situation that gives them added responsibilities at an early age.

“I see that our children have to interpret in many systems for the family... the child is the one that has to go before the system to talk about the family, make things happen for the family and then the parents lose control of their children.” (Youth Worker, New York)

“Hispanic girls have more responsibilities, because Hispanic girls learn to do things by themselves...” (Girl 12-14, New York)

IV. Voices of Hispanic Girls, Families, and Communities

Girls in the focus groups also discussed candidly the ethnic and racial discrimination they confront daily. The majority of girls in both age categories said that too often, they are viewed by others in mainstream American society as “looking different,” “inferior,” or “dumb.” Moreover, some cited discrimination based on the notion that Hispanic girls are allegedly

“easy,” or vulnerable to enticement into pre-marital sexual activities. Many also said that they are made fun of simply because they speak two languages. A youth worker from California corroborates such discrimination, commenting that girls commonly face racism from non-Hispanics, who suggest in word and deed that the girls ought to “feel inferior because they are Latinas.”



Cultural factors can promote resiliency.

“They make fun of you because of your color” and “people are prejudiced, some people think Mexicans are ‘wetbacks’.” (Girl 9-11, New Mexico)

“I have friends at my school and they only speak English, so since I speak Spanish, whenever they don’t want to talk to me, they pick at my color, they say ‘you are black but you speak Spanish, so you are white and black, so you should be gray.’” (Girl 9-11, Florida)

In addition, the majority of youth workers expressed concern over the economic difficulties facing many of the low-income Hispanic families they serve. As one youth worker from New York stated: “Our community here doesn’t have enough to feed their families and the girls, they feel that pressure.”

IV. Voices of Hispanic Girls, Families, and Communities

Family and Peer Relationships



Peer relationships become increasingly important as girls mature.

“I think that when they are younger the parents are important, but when they reach adolescence they move away from that support system....If [the young] do not have a strong enough support system, then when they get to high school, they get lost because... peer pressure becomes that system of power and we begin to see the change immediately.”
(Youth Worker, New York)

Family involvement in health prevention and promotion activities may be even more important for Hispanics than for members of other racial and ethnic groups. Focus group participants contrast their own family relationships and experiences with those of non-Hispanic peers. For example, one parent stated, “...her friend’s mother is a lot more lenient than I am, so there’ve been problems.” Exposure to different cultural and religious views may therefore create conflicts for Hispanic girls.

IV. Voices of Hispanic Girls, Families, and Communities

Given that family and culture loom very large in the lives of Hispanic girls, the role of parents and siblings in providing positive guidance and emotional support is significant. Most girls said that positive health messages from parents such as “don’t do drugs” and “don’t smoke” might prevent them from engaging in health-risk behaviors. Using good communication skills, offering girls “positive role models,” and instilling certain values, all are essential building blocks of a prevention strategy in the eyes of parents and youth workers. On the other hand, due to the substantial effects that family behavior can have on Hispanic girls, parents who engage in substance abuse or other health risk behaviors clearly will negatively influence their daughters.

Overall, youth workers emphasized that parents seem to play a more important role in the lives of younger girls than in the lives of older adolescents. Nevertheless, they also point out that friends become an important source of emotional support for girls between 9 and 14 years of age. The youth workers noted that when Hispanic girls face a problem, family members themselves may offer girls critical support. The majority of girls say they would turn to their mother, father or sister when they have a problem. Older girls, however, tended not to refer to their fathers very often as a sounding board or primary source of emotional support.

IV. Voices of Hispanic Girls, Families, and Communities

School Performance

Hispanic girls participating in the focus groups stressed that they like school because of certain academic classes and because of the opportunities school affords them for social interaction with friends. For older girls (ages 12-14) in particular, school represents a means of widening their social networks. Older girls also pay more attention to budding relationships with members of the opposite sex, suggesting that “[school is]... ‘for guy viewing,’ that’s where you find friends.” (Girl 12-14, Florida)

“[School offers an opportunity to]...escape boredom and get out of the house.” (Girl 12-14, California)

However, as one youth worker reflected below, preoccupation with body image and sexual harassment at school often create significant problems for Hispanic girls.

“Many girls experience some kind of sexual harassment from the boys and they dislike that very much, but sometimes don’t know how to verbalize it. Most of the time, it [the harassment] is condoned by the teachers and the principals and [girls] don’t know where to go with that, safety is a big thing.” (Youth Worker, New York)

Another youth worker observed that many Hispanic girls are not encouraged to pursue studies in math or science, a fact that leaves many of them reluctant to try such courses.

“I think, generally, [that] classes that are more mathematical or science and gym...are the classes [the girls] really do not like. Gym, especially...going back to the body changing...their bodies are developing so they feel awkward...” (Youth Worker, New York)

IV. Voices of Hispanic Girls, Families, and Communities

Poor school performance tends to affect adversely the relationships between Hispanic parents and daughters. Poor school performance often leads Hispanic parents to restrict or remove certain privileges enjoyed by their daughters. It is worth noting, however, that this occurs in families representing a wide range of ethnic groups. Parents and youth workers note that girls experiencing such difficulties may begin hanging out with peers that have similar problems and eventually adopt their health-risk behaviors.



School can offer Hispanic girls a positive place to meet friends.

“If the relationship [between parents and child] has already degenerated then it pushes the girls to do more socializing with kids in the same situation and that is when [they get involved with] gangs and drugs” (Youth Worker, Washington DC).

When there are problems at school, Hispanic girls tend to avoid counselors and teachers for fear of being judged or “labeled” as troublemakers. “[The] ... perception is that [a girl] usually goes to a counselor when she is in trouble or [when] you are not doing something right...” (Youth Worker, Washington, DC).

IV. Voices of Hispanic Girls, Families, and Communities

Self-Esteem

"I think...with younger girls...9-11 [year olds] ...the parents have a more powerful role...when they are 12-14 [years old], their peers take more prominence, in terms of how they affect the kids, but I still think that the parents are really important..." (Youth Worker, New York)



There are many ways to build self-esteem.

Focus group participants tended to agree about what promotes high self-esteem among Hispanic girls. Overall, positive family relationships, academic, and social success are the key ingredients for making these girls feel happy and worthy. Younger girls mentioned school performance as a measure of self-worth more often than the older girls. In turn, about half of the girls in the older age-bracket associated feeling good about themselves with a positive body image, personal appearance, and "being complimented." For most of these girls, "being cool" meant "being popular," "having friends," and "thinking independently."

Girls in the focus groups clearly stated that they feel badly about themselves when they are "criticized," "made fun of," or "talked about." Problematic family relationships were also associated with feeling badly. Younger girls claimed to feel worse when their parents punished them, whereas older girls attributed these feelings to not receiving enough attention from their parents. Youth workers noted that as girls get older, "having friends" and peer acceptance becomes more important and often takes precedence over family influence.

IV. Voices of Hispanic Girls, Families, and Communities

General Health and Health-Risk Behaviors

“Girls act cool and they try to fit in, so they start getting drugs and drinking, even if [they know] they’re not supposed to.” (Girl 9-11, Florida)

For girls across all racial and ethnic lines, being healthy means eating well, staying fit, and exercising. The girls in the focus groups identified drinking, smoking, using drugs and dieting as obvious health damaging behaviors. Interestingly enough, most of the girls participating failed to cite unprotected sex as a clear health risk, with the exception of a group of twelve- to-fourteen-year-old girls in Washington, DC. However, early sexual activity is prominently cited as risky behavior by parents and youth workers in the six cities.

Overall, having positive family relationships, support, and someone to talk to is reported as something that helps protect Hispanic girls from health-risk behaviors. The younger girls focused on having someone to talk to as a protective factor. Older girls felt that having positive relationships with family members is the most protective measure. Participants emphasized the importance of education on risks and consequences, establishing good communication practices, and active involvement by parents in the girls’ lives as protective measures.

Negative peer pressure and poor family relationships, especially parental neglect, were cited as the two factors most likely to trigger risky behaviors by Hispanic girls. Youth workers added that sexual abuse by a relative or close family friend and receiving mixed messages from parents could also lead to health risk behaviors.

“Lack of structure in their families. The ones that have the most problems are the ones [who] don’t have a mother and a dad together...” (Youth Worker, Florida)

IV. Voices of Hispanic Girls, Families, and Communities

“Education...specifically about risk behaviors. You need to let them know how to prevent getting into those behaviors with the parents and with the kids,...for example, I see this a lot: you’re teaching kids in school not to smoke, they go home and guess what, daddy smokes.” (Youth Worker, Florida)

Parents and youth workers stated their desire to give girls positive messages about personal development, such as “having inner strength,” “setting goals,” “getting educated,” and “being yourself.” They also felt that girls need to be provided with more options for their lives. They were concerned about the contradictory messages Hispanic girls receive from peers and from the media.

“They have a series of ads...and then of course they want to be thin so they can wear those clothes when nobody in your entire family has ever looked like that...” (Youth Worker, Florida)

Youth workers expressed worry about the negative influences girls receive from relatives and acquaintances who continue to engage in health risk behaviors, inside or outside the home. Gang involvement by siblings, for example, constituted a major concern for youth workers:

“They got older brothers who are shooting up or gang-banging, parents who are drinking alcohol, so they see that these people can do it.” (Youth Worker, New Mexico)



“...I see that some of the girls may feel a need to join gangs...For some girls, gang involvement is seen as a real option...They want respect; they want to feel good about themselves; they want to belong. They have [the] notion that gangs will offer them this...” (Youth Worker, California)

Positive peer pressure
helps girls avoid risky activities.

IV. Voices of Hispanic Girls, Families, and Communities

Teenage Pregnancy

“When she decides that she wants to have sex it’s because she’s not so interested in school or her family. She wants to please the boy she’s with.” (Parent, Washington DC)

All focus group participants perceived teenage pregnancy as a serious threat to the health and well-being of girls themselves and their offspring. For the most part, the youth workers joined younger girls in identifying this as a problem primarily limited to the older girls. Younger and older girls alike, however, stressed that pressure from boys is the main reason Hispanic girls engage in early sexual activity. As one of the Texas girls in the twelve- to fourteen-year-old age bracket emphasized: “Guys...Guys are the main reason for most of our problems.” However, many of the girls also mentioned that “seeing your friends doing it,” serves as a powerful factor in shaping personal decisions to engage in unprotected sex.

Some described lack of parental guidance or supervision as a critical factor in teenage pregnancy and subsequent parenthood. Still others highlighted the negative influence of prior parental conduct or knowledge that the parents themselves had engaged in unprotected sexual activity during adolescence. Moreover, some girls stressed that efforts to escape poor family relationships may serve as a primary motivation for pregnancy and adolescent parenthood.

Many participants echoed the impression that titillating media messages which glamorize sex serve to endorse unprotected sexual activity. Likewise, others noted that lack of knowledge about reproductive health also fosters risky sexual experimentation and subsequent pregnancy. The girls interviewed believe that education, specifically about risks and consequences, provides the most powerful motivation for abstaining from sexual activity.

IV. Voices of Hispanic Girls, Families, and Communities

“Thinking about diseases they might get may stop them.”
(Girl 9-11, Washington DC).

Others speculated that hearing from pregnant peers about the difficulties and adverse consequences of becoming parents at such an early age may serve as an effective deterrent.

Protective measures mentioned included positive family and peer pressure, religious beliefs and values, as well as relevant and engaging after-school activities. Other girls mentioned the importance of having strong, responsible role models to turn to. Youth workers added parental supervision and strong self-confidence as effective preventive measures. As one youth worker in Florida summed it up: “...in situations like these...they have to have inner strength.”

IV. Voices of Hispanic Girls, Families, and Communities

Substance Abuse

“I would say that a lot of kids come from homes where the parents are heavy, heavy drinkers.” (Youth Worker, Washington, DC)

There was consensus among focus group participants about the risk factors which lead some Hispanic girls to abuse illegal drugs and alcohol. First, all the girls in the focus groups knew someone personally, usually a family member or peer, who smoked cigarettes, drank alcohol, or used illegal drugs. Second, all the participants concurred with the statement that Hispanic girls who experiment with illegal substances are trying to copy media images of popularity and success associated with cigarettes and alcohol.

Participants differed across age categories, however, in pinpointing the major cause of substance abuse. Younger girls stressed that thinking it’s “cool,” seeing friends do it, and encountering negative peer pressure could lead someone to try drugs and alcohol. As one New Mexican girl in the younger age bracket described it: “They think it’s cool and they think they’re gonna get more friends.” Older girls more frequently mentioned the modeling effects of seeing parents or other family members drinking, smoking and using drugs which may lead to youthful imitation. In turn, parents and youth workers asserted that family problems and efforts to escape them were the most prevalent causes of substance abuse. Moreover, the adults pointed to the prevalence of popular media stereotypes of smoking and drinking as secondary causes of youthful experimentation.

Possible preventive measures were also assessed differently across age-groups. The girls in the nine- to eleven-year-old age-bracket, for example, tended to emphasize consistent school attendance, access to after-school activities supervised by adults, and close relationships with parents as essential precursors to abstinence. Girls in the twelve- to

IV. Voices of Hispanic Girls, Families, and Communities

fourteen-year-old age-bracket, however, placed greater emphasis on having personal goals, positive peer pressure, and fulfilling relationships with family members. Parents themselves tended to focus more on the importance of maintaining positive familial relationships and closely supervising their daughters. Youth workers, in turn, emphasized how imperative it is to teach young girls the adverse consequences of health-risk behaviors. At the same time, youth workers highlighted the importance of making girls aware of positive alternatives and goals. The youth workers also underscored the value of positive peer pressure as a protective factor against substance abuse.

With the exception of Houston girls in the twelve- to fourteen-year-old age-bracket, all the other girls in focus group sessions stressed the harmful health effects of smoking, drinking, and using drugs. Since so many of the older girls in the Houston focus group sessions failed to acknowledge the negative consequences of substance abuse, they remain at special risk of lifelong dependency or addiction.

IV. Voices of Hispanic Girls, Families, and Communities

Suicide and Family Violence

"I have had several cases where young girls have wanted to kill themselves. In most cases it's usually related to sexual abuse or molestation...No one was there for her when she needed them. Her only way out was to try to kill herself..." (Youth Worker, California).

Tragically, all focus group participants personally knew at least one Hispanic girl who had thought about or attempted suicide. All the girls participating concurred that not being accepted by peers, having no support or attention at home or other family problems could result in depression and attempts at suicide as a way out. Poor school performance is also mentioned by some of the older girls as a reason for considering suicide. Parents and youth workers cited family problems, such as drug use and sexual molestation, as major precursors to suicidal ideation or attempts. One youth worker noted that one out of three of the Hispanic girls he works with have considered suicide as a "solution" to their problems.

"I have worked with 15 girls who had problems and of these, 5 of the 15 actually had contemplated suicide...they had varied problems in the family and at school...and had difficulty coping..." (Youth Worker, California)

Hispanic girls are clearly vulnerable to depression when they witness violence within the home or in the wider community. All girls consistently said that to prevent themselves from feeling sad, thinking of suicide or attempting it, it was important to have a friend or someone else with whom they could share their feelings. Parents felt that they needed to provide girls with support, show them they care, and help make them feel special to prevent suicide. The youth workers placed greater emphasis on providing girls with viable options and concrete alternatives to suicide.

IV. Voices of Hispanic Girls, Families, and Communities

Only the twelve- to fourteen-year-old girls in Houston expressed a fatalistic attitude, saying that nothing could prevent girls from considering or attempting suicide. It is important to note, however, that these girls belonged to a very high-risk group, already involved in gang activity and substance abuse.

IV. Voices of Hispanic Girls, Families, and Communities

Community Violence

“The music they listen to because of the gangs and the movies that they glorify...All the films [are] always violent all the time...” (Youth Worker, Texas)

Violence was a major concern for all focus group participants. Fears of rape or kidnapping were of greatest concern to the younger girls. As one Florida girl in the nine- to eleven-year-old age-bracket declared, “I’m scared that someone might rape me...” Younger girls also expressed fears of community violence. As one New Mexican girl in the nine- to eleven-year-old age-bracket pointed out: “There’s a lot of gang members where I live, and other gangs may do a ‘drive-by’ [shooting] where we live...” Likewise, older girls were predominantly concerned about violent situations outside the home such as gang violence and shootings. The older girls also expressed serious concern over the chances that their parents or siblings may be mugged or fall victim to street violence. In turn, parents and youth workers were most concerned about their girls either joining gangs or being exposed to gang violence.

Girls in the Washington, DC and Los Angeles focus group sessions also expressed worry about a form of involuntary constraint commonly exercised by local authorities. Namely, girls in families where adult relatives are not yet citizens faced daily fears of the arrest, confinement, and deportation of their parents and relatives by the Immigration and Naturalization Service.



Hispanic girls are "at promise."

V. Recommendations

Overall, the research studies and surveys previously reviewed document the many serious risks facing Hispanic girls today. At the same time, various studies and the focus group findings described above underscore the significant role that cultural protective factors can play in reducing risks and promoting resiliency among Hispanic girls. The ultimate success of strategies to promote resiliency and reduce risks among Hispanic girls will depend on political will at both the national and the local level. Moreover, essential elements or key components may also determine the ultimate success or failure of such strategies. To provide a road map for marshalling resources, we outline a series of national policy recommendations below. Following the national recommendations, we also delineate a series of crucial guidelines for developing programs and public education campaigns to build resiliency among Hispanic girls.

National Policy Recommendations

To promote resiliency and reduce risks among Hispanic girls across the generations, we offer a series of federal policy guidelines. Consistent with sentiments expressed in the focus group meetings, these recommendations are as follows:

- **Invest in Effective Community-Based Partnerships to Promote the Health and Well-Being of Hispanic Girls and Reduce Risky Behaviors.**

In its twenty-six year history, COSSMHO has helped substantiate that community-based partnerships demonstrate the greatest potential for curbing risky behaviors such as adolescent pregnancy; use of tobacco, alcohol, and illegal drugs; and violence against self or others. There is a pressing need for federal and State support of successful community-based strategies to promote resiliency among Hispanic girls and strengthen Hispanic families. This need was highlighted by the Focus Group Findings described earlier.

V. Recommendations

- **Support Research on Resiliency and Test Innovative Ways to Promote Positive Cultural Adaptation By Hispanic Girls and Families.**

As underscored by the research on Hispanic immigrants and mental health, cultural protective factors play a key role in affording resiliency to Hispanic girls and families. For many policymakers, however, this contradicts their assumptions about immigrant populations and the presumed benefits of acculturation to American society. Support for resiliency research and new community-based models to promote positive cultural identification and adaptation among Hispanic girls and families may therefore be counterintuitive for a number of lawmakers. Nonetheless, such support is critical to reducing the many risks which acculturation or assimilation pose for Hispanic girls in particular.

- **Dramatically Increase Health and Mental Health Care Access for Hispanic Children, Youth and Families.**

Hispanic girls and boys are more likely to be uninsured and lack a usual source of health care than children in any other racial or ethnic group in America. Moreover, publicly funded health care services reach a smaller proportion of Hispanic children than of African American, Asian American, Native-American, or non-Hispanic white children. Nevertheless, increasing access to health and mental health care among Hispanic children requires more than just financial support. As demonstrated by the limited success of initial efforts to enroll eligible Hispanic children in the new State-Children's Health Insurance Program (CHIP), outreach to Hispanic families must be both language appropriate and culturally competent. Trusted, culturally competent agencies within Hispanic communities are uniquely qualified to play a pivotal role in increasing the enrollment of Hispanic children in publicly supported health programs.

V. Recommendations

- **Significantly Reduce the Soaring School Dropout and Detachment Rates of Hispanic Girls by Improving Educational and Employment Opportunities and Ensuring Personal Safety.**

Hispanic girls who drop out of school and fail to complete a high-school equivalency degree are more likely to be unemployed and to live in poverty. School dropouts are also at higher risk of engaging in such health-threatening behaviors as adolescent pregnancy, substance abuse, depression and suicide attempts. Yet many Hispanic girls also face discrimination, stigmatization, and fear of violence within the school setting. Fear of violence at school clearly impedes attendance by Hispanic girls and increases their likelihood of dropping out.¹³¹ Likewise, direct and indirect experiences of discrimination may lead a number of Hispanic girls to devalue and reject any personal identification with academic aspirations or school activities. Hispanic girls have significantly higher school dropout rates than Hispanic boys. Efforts to improve educational and affiliated employment opportunities for Hispanic girls, however, must address in meaningful ways their legitimate fears of violence and discrimination.

- **Address the Alarming Rates of Abuse, Maltreatment, and Community Violence Which Affect Hispanic Girls.**

Hispanic girls are at risk of physical and sexual abuse at home as well as at risk of violence within the community. Such maltreatment of children and youth crosses all racial and ethnic boundaries, as well as social class lines. However, many communities have lagged far behind in providing language appropriate and culturally sensitive programs to prevent child maltreatment by Hispanic families. In addition, local and State public systems of child welfare, mental health, and juvenile justice often fail to provide appropriate intervention and treatment services for Hispanic girls who have suffered abuse.

V. Recommendations

Likewise, insufficient federal and State resources have been dedicated to preventing violence in Hispanic communities in light of the clear policy priority given to law enforcement needs. Again, trusted community-based agencies serving Hispanics are uniquely qualified to play a lead role in preventing family and community violence.

- **Improve Data Collection on Risk and Resiliency Factors Facing Younger Hispanic Girls and Families, Paying Attention to Hispanic Subgroups and Geographic Location.** Although the national Youth Risk Behavior Surveillance survey shows that many risky behaviors by Hispanic girls are initiated prior to age thirteen, the survey itself focuses exclusively on high-school students. We therefore need data on girls and boys at much younger ages. One benchmark may be to focus on early adolescence or the middle school years. Another may include collecting data from children in the upper elementary-school grades. The rationale for collecting data on Hispanic subgroups is to explore diverse protective and risk factors within the full range of Hispanic communities.

Recommendations for Programs

Overall, the focus group results confirm the need to develop culturally appropriate programs and messages that serve to educate Hispanic girls and their parents about the dangers of health risk behaviors and their potentially harmful consequences over the life span. According to focus group participants, these programs and messages must also be designed to teach Hispanic girls resiliency skills and to promote positive youth development. Furthermore, participants agreed that any programs or messages developed have to be an integral part of organized, community-based programs and not just a public education campaign. These best practices or successful approaches would:

V. Recommendations

- target and involve Hispanic girls and parents, especially those considered to be at risk;
- involve Hispanic community-based organizations in the design, implementation and evaluation of any campaign, program or strategy to empower Hispanic girls;
- serve to strengthen families and support networks for Hispanic girls;
- provide bilingual and bicultural professionals and peers as role models and mentors; and
- consider differences related to Hispanic subgroup, geographic location, and other relevant circumstances.

The focus group participants identified several key components for the development of effective programs aimed at building resiliency among Hispanic girls. First and foremost, they stressed the importance of supporting communities to create networks and partnerships among their own public and private institutions. Such networks would focus on establishing opportunities for girls to participate in activities designed to promote personal, emotional, and cognitive development. Youth development would thereby be promoted through a wide range of opportunities, including athletic, artistic, cultural, recreational, and other endeavors.

The community partnerships would also focus on supporting Hispanic peer educators to provide girls with information and counseling about specific risky and health damaging behaviors. If possible, these peer educators would have first-hand knowledge or experience with risky behaviors, such as previous abuse of alcohol and illegal drugs or membership in a gang. In addition to peer educators, the community partnerships would invest in mentoring programs for Hispanic girls that provide access to positive Hispanic role models. Such mentors would be able to offer educational assistance as well as non-academic support. Community-based organizations will need financial resources to identify, train, and provide technical assistance to such mentors.

V. Recommendations

Furthermore, community partnerships and networks need to focus on family strengthening activities. As emphasized throughout this report, family conflicts and disruptions may have particular adverse effects on Hispanic girls. The importance of having community-based organizations provide educational, counseling, and other support programs for Hispanic girls and their families cannot be underestimated.

Recommendations for Public Education Campaigns

The focus group participants echoed many of the same themes when discussing the essential elements for establishing effective public education campaigns. Once again, they highlighted the importance of building resiliency by incorporating messages to empower Hispanic girls and bolster self-esteem, self-confidence, and identity. Consensus was unanimous that Hispanic role models and peers should be the primary spokespeople delivering such messages. In addition, the importance of focusing on both Hispanic girls and their parents was underscored throughout the findings. More specific conclusions made by focus group participants are summarized below.

Hispanic families are as influential in conveying health messages to girls as their peers in the eyes of focus group members. As previously described, the behavior and activities of Hispanic girls are greatly influenced by what they observe and learn within the family. Typically, the role models for Hispanic girls are the adult females they admire on a daily basis in their own families, including mothers, grandmothers, and older sisters.¹³⁰ As girls mature, however, their social focus often shifts from family members to friends. During older adolescence, therefore, Hispanic girls start to look towards friends and such adult celebrities as singers or star athletes as their new role models. The notion of using famous athletes or entertainers as role models and spokespeople in targeted public health campaigns, however, received mixed reviews in focus group sessions. Some

V. Recommendations

participants warned that all too often celebrities make poor role models because their everyday lives and actions are not consistent with their public messages.

Messages should be placed where Hispanic girls spend most of their free time, according to focus group participants. In general, when girls have free time they go to the mall, shopping centers, or to the movies. Younger girls also spend time at fast-food places, skating rinks, and areas for roller blading. Many activities, of course, depend on where the girls live and what is available for them. For example, some groups in Miami, New York, and Houston mentioned going to the beach, while others in New York, Albuquerque, and Houston listed things like “hanging-around” and “cruising” because there was not much else to do.

The best way to convey health messages is through different forms of print and electronic media, including magazines, radio, television, computer games, and music videos. Focus group members agreed that Hispanic girls today spend much of their free time watching television, listening to music, and playing computer games. Therefore, these media would be the most effective way of transmitting information to adolescent girls. Parents and youth workers agreed with the girls, but emphasized the importance of using programmatic methods through community agencies, school programs, and youth groups.

Health messages should focus on strengthening the resolve of Hispanic girls to practice good health habits, avoid health-risk behaviors, and seek positive alternatives to damaging and dangerous activities, in the estimation of focus group members. Views on the appropriate content of specific health messages for Hispanic girls varied according to the age-category of focus group participants.

V. Recommendations

Girls between 9 and 11 years of age, for example, preferred direct, targeted commands focused on avoiding health risks, such as:

“Don’t do drugs.” (New York, Washington DC, New Mexico, Texas)

“Don’t smoke.” (California)

“Finish school.” (New York, California, Texas)

Girls between 12 and 14 years of age, on the other hand, focused on broader messages designed to provoke thought and encourage caution, such as:

“Think of the consequences.” (Florida, New York)

“Don’t join the wrong crowd.” (California)

“Choose your friends.” (New York)

In turn, parents and youth workers in the focus groups supported the use of even broader messages crafted to build self-esteem and promote positive alternatives to health risk behaviors, such as:

“There are many options available to you.” (Youth Workers, California, Texas)

“There are positive alternatives.” (Youth Workers, Florida, Texas)

VI. Conclusions

In summary, a significant minority of Hispanic girls lead girls nationwide in alarming rates of suicide attempts, teenage pregnancy, alcohol and drug abuse, and self-reported gun possession. As a result, Hispanic girls are more likely than their non-Hispanic white or African American peers to face the four most serious threats to the health and education of girls today — depression, pregnancy, substance abuse, and delinquency. At the same time, cultural protective factors promote resiliency among Hispanic girls, buffering a significant number from risky and health damaging behaviors. These protective factors are far more prevalent among Hispanic girls who are recent immigrants than among their counterparts who have become acculturated to mainstream society. The pathways towards promoting resiliency and curbing risky behaviors among Hispanic girls are well demarcated. To put these remedies into practice, however, investments must be made in community-based partnerships aimed at empowering Hispanic girls and strengthening Hispanic families. In turn, these partnerships will establish the necessary community-based programs and public education campaigns to get the job done.

These findings may contradict long-held beliefs about immigration and acculturation in this country. Contrary to popular stereotypes, greater acculturation among Hispanic girls is tied to poorer health and educational outcomes. For example, acculturation may provoke family conflicts and changes in family structure that are highly correlated with substance abuse by Hispanic girls. Greater acculturation is also linked to an increased likelihood of adolescent sexual activity, pregnancy, and parenthood. Moreover, acculturation is tied to lower educational aspirations and a higher likelihood of dropping out of school. Last but not least, acculturation itself is tied to increased rates of depression and suicide attempts among Hispanic girls and young adults.

To promote resiliency and reduce risks among Hispanic girls across generations will require implementation of the various recommendations by all sectors. Paramount among them is the need

VI. Conclusions

to invest in effective community-based partnerships aimed at strengthening Hispanic families and promoting cultural protective factors.

Hispanic girls are at promise of significant accomplishments and contributions to their families, schools, communities, and the nation at large. As we enter the next century, community and national investments to promote resiliency among Hispanic girls must ensure that such promise is not squandered.



We all must work together to promote
resiliency in girls.

VII. Endnotes

- 1 Whitehead BD, Ooms T. *Goodbye to Girlhood: What's Troubling Girls and What We Can Do About It*. Washington, DC: The National Campaign to Prevent Teen Pregnancy; 1999.
- 2 Substance Abuse and Mental Health Services Administration. *Girl Power! Campaign Fact Sheet*. Washington, DC: United States Department of Health and Human Services; May 28, 1997.
- 3 Hechinger FM. *Fateful Choices: Healthy Youth for the Twenty-First Century*. New York, NY: Carnegie Corporation; 1992: 254.
- 4 Sickmund M, Snyder HN, Poe-Yamagata E. *Juvenile Offenders and Victims: 1997 Update on Violence*. Washington, DC: United States Department of Justice; 1998.
- 5 Diaz T. *Making a Killing: The Business of Guns in America*. New York, NY: The New Press; 1999.
- 6 Schoen C, Davis K, Collins KS, Greenberg L, Des Roches C, Abrams M. *The Commonwealth Fund Survey of the Health of Adolescent Girls*. New York, NY: Commonwealth Fund; 1997.
- 7 Ibid.
- 8 Please see the following footnotes, which reference the appropriate citations to data which substantiate this assertion: footnote no. 14, footnotes 18 through 21, footnotes 22 through 41, and footnote no. 56.
- 9 American Association of University Women. *Gender Gaps: Where Schools Still Fail Our Children*. New York, NY: Marlowe & Company; 1999: 199.
- 10 Personal communication with Eileen-Poe Yamagata in March, 1999. Pittsburgh, PA: National Center for Juvenile Justice.
- 11 Hernandez DJ, Charney E, eds. *From Generation to Generation: The Health and Well-Being of Children in Immigrant Families*. Washington, DC: National Academy Press; 1998: 312.
- 12 COSSMHO. *Connections*. Washington DC: National Association of Hispanic Health and Human Services Organizations (COSSMHO); 25th Anniversary Edition.

VII. Endnotes

- 13 Council of Economic Advisers. *Changing America: Indicators of Social and Economic Well-Being by Race and Hispanic Origin*. Washington, DC: US Government Printing Office; September 1998.
- 14 Centers for Disease Control and Prevention (CDC). State-specific birth rates for teenagers — United States, 1990-96. *MMWR*; September 12, 1997, 46 (no. 36).
- 15 Multicultural Area Health Education Center. *Hispanic Youth Health Assessment Report: Los Angeles County*. Washington, DC: National Coalition of Hispanic Health and Human Services Organization (COSSMHO); 1998.
- 16 CDC. Youth Risk Behavior Surveillance — United States, 1997. *MMWR*; 1998: 73.
- 17 Schoen C, Davis K, Collins KS, Greenberg L, Des Roches C, Abrams M. *The Commonwealth Fund Survey of the Health of Adolescent Girls*. New York, NY: Commonwealth Fund; 1997.
- 18 CDC. Youth Risk Behavior Surveillance — United States, 1997. *MMWR*; 1998, 47: 47.
- 19 *Ibid*.
- 20 CDC. Youth Risk Behavior Surveillance — United States, 1997. *MMWR*; 1998, 47: 47.
- 21 CDC. Youth Risk Behavior Surveillance — United States, 1997. *MMWR*; 1998, 47: 12.
- 22 CDC. Youth Risk Behavior Surveillance — United States, 1997. *MMWR*; 1998, 47: 13.
- 23 CDC. Youth Risk Behavior Surveillance — United States, 1997. *MMWR*; 1998, 47: 58.
- 24 *Ibid*.
- 25 CDC. Youth Risk Behavior Surveillance — United States, 1997. *MMWR*; 1998, 47: 64.
- 26 CDC. Youth Risk Behavior Surveillance — United States, 1997. *MMWR*; 1998, 47: 55.
- 27 CDC. Youth Risk Behavior Surveillance — United States, 1997. *MMWR*; 1998, 47: 64.

VII. Endnotes

- 28 CDC. Youth Risk Behavior Surveillance — United States, 1997. MMWR; 1998, 47: 61.
- 29 CDC. Youth Risk Behavior Surveillance — United States, 1997. MMWR; 1998, 47: 14.
- 30 CDC. Youth Risk Behavior Surveillance — United States, 1997. MMWR; 1998, 47: 61.
- 31 Ibid.
- 32 Multicultural Area Health Education Center. *Hispanic Youth Health Assessment Report: Los Angeles County*. Washington, DC: National Coalition of Hispanic Health and Human Services Organization (COSSMHO); 1998.
- 33 CDC. Youth Risk Behavior Surveillance — United States, 1997. MMWR; 1998, 47: 61.
- 34 CDC. Youth Risk Behavior Surveillance — United States, 1997. MMWR; 1998, 47: 55.
- 35 CDC. Youth Risk Behavior Surveillance — United States, 1997. MMWR; 1998, 47: 64.
- 36 Multicultural Area Health Education Center. *Hispanic Youth Health Assessment Report: Los Angeles County*. Washington, DC: National Coalition of Hispanic Health and Human Services Organization (COSSMHO); 1998.
- 37 CDC. Youth Risk Behavior Surveillance — United States, 1997. MMWR; 1998, 47: 67.
- 38 Ibid.
- 39 Ibid.
- 40 Ibid.
- 41 Ibid.
- 42 CDC. Youth Risk Behavior Surveillance — United States, 1997. MMWR; 1998, 47: 50.
- 43 CDC. Youth Risk Behavior Surveillance — United States, 1997. MMWR; 1998, 47: 64.
- 44 American Association of University Women. *Gender Gaps: Where Schools Still Fail Our Children*. New York, NY: Marlowe & Company; 1999: 199.

VII. Endnotes

- 45 Zambrana RE, ed. *Understanding Latino Families: Scholarship, Policy and Practice*. Thousand Oaks, CA: Sage Publications; 1995: 79.
- 46 Assistant Secretary for Programs and Evaluation. *Trends in the Well-Being of America's Children and Youth 1998*. Washington, DC: United States Department of Health and Human Services; 1998:116.
- 47 Duany L, Pittman K. *Latino Youths at a Crossroads: Report of the Adolescent Pregnancy Prevention Clearinghouse*. Washington, DC: Children's Defense Fund; 1990.
- 48 Drug Strategies. *Keeping Score: Women and Drugs*. Washington, DC: Drug Strategies; 1998.
- 49 Ibid.
- 50 United States Department of Health and Human Services. *Child Maltreatment 1996: Reports from the States to the National Child Abuse and Neglect Data System*. Washington DC: US Government Printing Office; 1998.
- 51 Community Resource Associates. *Juvenile Female Offenders: A Status of the States Report*. Washington, DC: US Department of Justice; December 1998.
- 52 Spatz-Widom K. *Research in Brief on Child Abuse and Neglect in Relation to Juvenile Offenses*. Washington, DC: US Department of Justice, National Institute of Justice; 1996.
- 53 Poe-Yamagata E, Butts J. *Female Offenders in the Juvenile Justice System: Statistics Summary*. Washington, DC: US Department of Justice; September 1998.
- 54 Girls Incorporated National Resource Center. *Prevention and Parity: Girls in Juvenile Justice*. New York, NY: Girls Incorporated; 1996.
- 55 Office of the Assistant Secretary for Planning and Evaluation. *Trends in the Well-Being of America's Children and Youth*. Washington, DC: US Department of Health and Human Services; 1998.
- 56 Ibid.

BEST COPY AVAILABLE

VII. Endnotes

- 57 Ibid.
- 58 CDC. Youth Risk Behavior Surveillance — United States, 1997. MMWR; 1998: 44.
- 59 CDC. Youth Risk Behavior Surveillance — United States, 1997. MMWR; 1998: 44.
- 60 CDC. Youth Risk Behavior Surveillance — United States, 1997. MMWR; 1998: 44.
- 61 Schoen C, Davis K, Collins KS, Greenberg L, Des Roches C, Abrams M. The Commonwealth Fund Survey of the Health of Adolescent Girls. New York, NY: Commonwealth Fund; 1997.
- 62 Ibid.
- 63 Ibid.
- 64 Ibid.
- 65 CDC. *Physical Activity and Health: A Report of the Surgeon General*. Washington, DC: United States Department of Health and Human Services; 1996: 190.
- 66 CDC. *Physical Activity and Health: A Report of the Surgeon General*. Washington, DC: United States Department of Health and Human Services; 1996: 198.
- 67 CDC. *Physical Activity and Health: A Report of the Surgeon General*. Washington, DC: United States Department of Health and Human Services; 1996: 199.
- 68 Ibid.
- 69 Hamburg DA. *Today's Children: Creating a Future for a Generation in Crisis*. New York, NY: Random House; 1992: 376.
- 70 Kass BL, Weinick RM, Monheit AC. *Racial and Ethnic Differences in Health*, 1996. Rockville, MD: Agency for Health Care Policy and Research; 1999:12.
- 71 Ibid.
- 72 Ibid.
- 73 Kass BL, Weinick RM, Monheit AC. *Racial and Ethnic Differences in Health*, 1996. Rockville, MD: United States Agency for Health Care Policy and Research; 1999: 14.

VII. Endnotes

- 74 Kass BL, Weinick RM, Monheit AC. *Racial and Ethnic Differences in Health*, 1996. Rockville, MD: United States Agency for Health Care Policy and Research; 1999: 15.
- 75 Ibid.
- 76 Kass BL, Weinick RM, Monheit AC. *Racial and Ethnic Differences in Health*, 1996. Rockville, MD: United States Agency for Health Care Policy and Research; 1999: 16.
- 77 Kass BL, Weinick RM, Monheit AC. *Racial and Ethnic Differences in Health*, 1996. Rockville, MD: United States Agency for Health Care Policy and Research; 1999: 17.
- 78 Kass BL, Weinick RM, Monheit AC. *Racial and Ethnic Differences in Health*, 1996. Rockville, MD: United States Agency for Health Care Policy and Research; 1999: 22.
- 79 Ibid.
- 80 Austin G, Horowitz J. *The 1994 Survey of Alcohol and Other Drug Use, and Other Problem Behaviors Among California Dropouts*. Los Alamitos, CA: Southwest Regional Laboratory; August 1995.
- 81 Multicultural Area Health Education Center. *Hispanic Youth Health Assessment Report: Los Angeles County*. Washington, DC: National Coalition of Hispanic Health and Human Services Organization (COSSMHO); 1998.
- 82 CDC. Youth Risk Behavior Surveillance — United States, 1997. *MMWR*; 1998: 76.
- 83 Multicultural Area Health Education Center. *Hispanic Youth Health Assessment Report: Los Angeles County*. Washington, DC: National Coalition of Hispanic Health and Human Services Organization (COSSMHO); 1998.
- 84 Council of Economic Advisers. *Changing America: Indicators of Social and Economic Well-Being by Race and Hispanic Origin*. Washington, DC: US Government Printing Office; September 1998.

VII. Endnotes

- 85 Multicultural Area Health Education Center. *Hispanic Youth Health Assessment Report: Los Angeles County*. Washington, DC: National Coalition of Hispanic Health and Human Services Organization (COSSMHO); 1998.
- 86 Council of Economic Advisers. *Changing America: Indicators of Social and Economic Well-Being by Race and Hispanic Origin*. Washington, DC: US Government Printing Office; September 1998.
- 87 Ibid.
- 88 Ibid.
- 89 Reddy MA, ed. *Statistical Record of Hispanic Americans*. New York, NY: Gale Research, Inc.; 1995: 2nd edition.
- 90 Vobejda B. Hispanic Youths Outnumber Blacks: Federal Report Reveals Crest of Wave that Will Reshape U.S. Demographic Mosaic. *Washington Post*. July 15, 1998.
- 91 Multicultural Area Health Education Center. *Hispanic Youth Health Assessment Report: Los Angeles County*. Washington, DC: National Coalition of Hispanic Health and Human Services Organization (COSSMHO); 1998.
- 92 Hernandez DJ, Charney E, eds. *From Generation to Generation: The Health and Well-Being of Children in Immigrant Families*. Washington, DC: National Academy Press; 1998: 312.
- 93 Escobar JI. Immigration and Mental Health: Why are Immigrants Better Off? *Archives of General Psychiatry*. 1998; 55(9): 781-782.
- 94 Escobar JI. Immigration and Mental Health: Why are Immigrants Better Off? *Archives of General Psychiatry*. 1998; 55(9): 781-782.
- 95 Gfroerer J, De La Rosa, M. Protective and Risk Factors Associated with Drug Use Among Hispanic Youth. *Journal of Addictive Diseases*. 1993; 12(2): 87-107.
- 96 Escobar JI. Immigration and Mental Health: Why Are Immigrants Better off? *Archives of General Psychiatry*. 1998; 55(9): 781-782

VII. Endnotes

- 97 Rogler LH, Cortes DE, Malgady RG. Acculturation and Mental Health Status Among Hispanics: Convergence and New Directions for Research. *American Psychologist*. 1991; 46(6): 585-597.
- 98 Hernandez, DJ, Charney, E, eds. *From Generation to Generation: The Health and Well-Being of Children in Immigrant Families*. Washington, DC: National Academy Press; 1998: 312.
- 99 Gfroerer J, De La Rosa M. Protective and Risk Factors Associated with Drug Use Among Hispanic Youth. *Journal of Addictive Diseases*. 1993; 12(2):87-107.
- 100 National Center for Health Statistics. Births of Hispanic Origin, 1989-1995. *Monthly Vital Statistics Report*. February 12, 1998; 46(6).
- 101 Ku L, Sonenstein FL, Pleck JH. Factors Influencing First Intercourse for Teenage Men. *Public Health Reports*. 1993; 108(6): 680-694.
- 102 Stauton A. *Immigration, Culture and Fertility in California: Social and Cultural Factors Affecting Family Planning Among Recent Immigrants from Mexico, Central America and Southeast Asia; A Literature Review and Synthesis of Findings*. Los Angeles, CA: The Pacific Institute for Women's Health; 1996.
- 103 Brindis C, Wolfe AL, McCarter V, Ball S, Starbuck-Morales S. The Association Between Immigrant Status and Risk-Behavior Patterns in Latino Adolescents. *Journal of Adolescent Health*. 1995; 17(2): 99-105.
- 104 Hernandez DJ, Charney E, eds. *From Generation to Generation: The Health and Well-Being of Children in Immigrant Families*. Washington, DC: National Academy Press; 1998: 312.
- 105 Ibid.
- 106 Ibid.
- 107 Ibid.
- 108 Ibid.

VII. Endnotes

- 109 Zambrana, RE. *Understanding Latino Families: Scholarship, Policy, and Practice*. Thousand Oaks, CA: Sage Publications; 1995: 242.
- 110 Hernandez DJ, Charney E, eds. *From Generation to Generation: The Health and Well-Being of Children in Immigrant Families*. Washington, DC: National Academy Press; 1998: 312.
- 111 CDC. Youth Risk Behavior Surveillance — United States, 1997. *MMWR*; 1998: 76.
- 112 Pipher M. *Reviving Ophelia: Saving the Selves of Adolescent Girls*. New York, NY: Ballantine Books; 1994: 304.
- 113 Roan S. Series on Teenage Pregnancy. *Los Angeles Times*. July 9-12, 1995.
- 114 Multicultural Area Health Education Center. *Hispanic Youth Health Assessment Report: Los Angeles County*. Washington, DC: National Coalition of Hispanic Health and Human Services Organization (COSSMHO); 1998.
- 115 Louis Harris and Associates, Inc. *Hostile Hallways: The AAUW Survey on Sexual Harassment in America's Schools*. Washington, DC: American Association of University Women Educational Foundation; 1993.
- 116 Louis Harris and Associates, Inc. *Hostile Hallways: The AAUW Survey on Sexual Harassment in America's Schools*. Washington, DC: American Association of University Women Educational Foundation; 1993:18..
- 117 Workshop presentations on research-in-progress given by Dr. Onelia Lage, Assistant Clinical Professor at the University of Miami in Florida and Dr. Michael Rodriguez, Assistant Clinical Professor at the University of California in San Francisco, Florida. These presentations were a part of the third annual conference of the National Hispanic Medical Association held in Washington, DC on March 20, 1999.
- 118 Sorenson SB, Shen H. Youth Suicide Trends in California: An Examination of Immigrant and Ethnic Group Risk. *Suicide and Life-Threatening Behavior*. 1996; 26(2): 143-154.

VII. Endnotes

- 119 Swanson JW, Linskey AO, Quintero-Salinas R, Pumariega AJ, Holzer CE. A Bi-National School Survey of Depressive Symptom, Drug Use and Suicidal Ideation. *Journal of the American Academy of Child and Adolescent Psychiatry*. 1992; 31: 669-678.
- 120 Peters KD, Kochanek K, et. al. Deaths: Final Data for 1996. *National Vital Statistics Report*. November 10, 1998; 47(9).
- 121 Escobar JI. Immigration and Mental Health: Why Are Immigrants Better Off? *Archives of General Psychiatry*. 1998; 55(9): 781-782.
- 122 Vega WA, Kolody B, Aguilar-Gaxiola S, et. al. Lifetime Prevalence of DSM-III-R Psychiatric Disorders Among Urban and Rural Mexican Americans in California. *Archives of General Psychiatry*. 1998; 55(9): 771-778.
- 123 Vega WA, Kolody B, Aguilar-Gaxiola S, et. al. Lifetime Prevalence of DSM-III-R Psychiatric Disorders Among Urban and Rural Mexican Americans in California. *Archives of General Psychiatry*. 1998; 55(9): 771-778.
- 124 NIMH. *A National Investment: A Report of the National Advisory Mental Health Council*. Bethesda, MD: The National Institutes of Health; 1995.
- 125 *Ibid*.
- 126 Brindis C, Wolfe AL, et. al. The Associations Between Immigrant Status and Risk-Behavior Patterns in Latino Adolescents. *Journal of Adolescent Health*. August 1995; 17(2): 99-105.
- 127 Carter R, ed. Fourteenth Annual Rosalynn Carter Symposium on Mental Health Policy. *Promoting Positive and Healthy Behaviors in Children*. Atlanta, GA: The Carter Center. November 18th and 19th; 1998.
- 128 As previously noted, the National Research Council of the National Academy of Sciences defined second generation immigrant families as those where the children are born in the United States.

VII. Endnotes

- 129 The National Research Council defined first generation immigrant families as those whose children are foreign-born, as cited earlier in the section on Risks and Resiliency.
- 130 As referred to in the section on focus group findings, the Hispanic girls who participated in the focus group sessions failed to mention fathers as primary sources of emotional support or as the family member most likely to be confided in.
- 131 Elliott AS, Hamburg BA, Williams KR. *Violence in American Schools*. New York, NY: Cambridge University Press; 1998.



26 Years of Connecting Communities & Creating Change

VISION: Strong healthy Hispanic communities whose contributions are recognized and valued by a society that fosters the health, well-being, and prosperity of all its members.

MISSION: Connecting communities and creating change to improve the health and well-being of Hispanics in the United States.

COSSMHO is the sole organization focusing on the health, mental health, and human services needs of the diverse Hispanic communities. COSSMHO's membership consists of thousands of front-line health and human services providers and organizations serving Hispanic communities. The organization was founded in Los Angeles in 1973 to represent and advocate for the needs of Mexican American, Puerto Rican, Cuban American, Central American, and South American communities in the United States.

COSSMHO fulfills its mission by working with community-based organizations; universities; federal, state, and local governments; foundations; and, corporations. As the action forum for the Hispanic community, COSSMHO's services include:

- Consumer Education and Outreach
- Training Programs
- Technical Assistance
- Model Community-Based Programs
- Policy Analysis, Development and Dissemination
- Research
- Advocacy
- Infrastructure Support and Development
- Development and Adaptation of Materials

Priority areas include: women's health, environmental health, health system reform, and welfare reform. Long-standing programs address HIV/AIDS, cancer, diabetes, heart disease, chronic diseases, maternal and child health, immunizations, adolescent health, mental health, human services, alcohol abuse, inhalant abuse, traffic safety, nutrition, and juvenile justice.

COSSMHO is governed by a volunteer board of directors and managed by its President and Chief Executive Officer who oversees a staff of about 37 professionals. COSSMHO derives its support from grants, contracts, corporate sponsorships, and membership fees. Consistent with its health-related mission, COSSMHO does not accept funds from alcohol or tobacco companies or their subsidiaries.



Connecting Communities & Creating Change

The National Coalition of Hispanic Health and Human Services Organizations

1501 Sixteenth Street, NW • Washington, D.C. 20036

(202) 387-5000 • www.cossmho.org



U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)



NOTICE

REPRODUCTION BASIS



This document is covered by a signed "Reproduction Release (Blanket) form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.



This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").